

COASTAL CAROLINA UNIVERSITY

Parental Consent, Assumption of Risk and Release from Liability Form

The purpose of this form is to enable our staff and/or health facilities in the area to provide prompt care to your minor child(ren). We must have a completed *Parental Consent Form* on file. This way, we can help your child without delay in the event of an emergency.

Name of minor: _____

Camp Attending: _____

Birthday: _____ Social Security #: _____

Insurance Company's Name: _____

Medical/Hospitalization Insurance Policy #: _____

Phone Number of Office Holding Policy: _____

Medical Information

Allergic Reactions: _____

Medication(s) Presently Taking _____

Date of Last Tetanus Shot: _____

Past illness or other information that would be useful in the event treatment is necessary:

Emergency Phone Numbers

Father (Home): _____ Mother (Home): _____

Father (Work): _____ Mother (Work): _____

Father (Cell): _____ Mother (Cell): _____

Other contact in event parents can not be reached:

Name: _____ Relationship: _____

(Home): _____ (Cell): _____

I voluntarily agree to allow my minor child(ren) to participate in this activity and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or part, by the negligence of Coastal Carolina University with the exception of willful or gross negligence.

ACTIVITY RELEASE FORM

ANY MEMBER OR GUEST OR PARTICIPANT MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM BEFORE YOU MAY BEGIN YOUR ACTIVITIES IN OR ABOUT THE _____ PREMISES.

(Please keep a copy of this form within each members file for future reference)

<input type="checkbox"/> Member: Member #: _____		<input type="checkbox"/> Guest: Guest Name: _____		
Personal Information				
Person's Name:	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
Person's Phone Number:	(Home): () - _____	(Work): () - _____		
	Street	City	State	Zip
Person's Address:	_____	_____	_____	_____
Guest Pass Information				
Member's Name:	_____	Date of Visit:	_____	
Member's Phone:	_____	Payment (if applicable):	_____	

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold _____, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releasees or any other third party.

I agree to wear all protective equipment required while participating in the activity (i.e. life preserver), and I am fully aware and understand that _____ does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the _____ premises or facilities, I hereby release and covenant not to sue the owner of the premises (releasees), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by _____.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent/ Guardian Name (print): _____ DATE: _____

Parent/ Guardian Signature: _____ DATE: _____

Adult Participant Name (print): _____ DATE: _____

Adult Participant Signature: _____ DATE: _____

In consideration of allowing my minor child(ren) to participate in this activity, as well as the use of any of the facilities and the use of the equipment, I hereby agree as follows:

(1) TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or will full misconduct that I may have in the future against any of the following named persons or entities and their officers, directors, employees, representatives, agents and volunteers.

Facility: _____

Instructor: COASTAL CAROLINA LACROSSE ACADEMY, Kristen Selvage, LLC

(2) To release Coastal Carolina University, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claim of action that I, my estate, heirs, executors or assigns may have for any personal injury, property damage, or wrongful death arising from this activity whether caused by active or passive negligence of Coastal Carolina University or otherwise with the exception of gross negligence. By executing this document, I agree to hold Coastal Carolina University harmless for any injury, including, but not limited to, paralysis or permanent disability, or loss of life, which may occur to my minor child(ren) during this activity and / or instruction.

(3) By entering into this agreement, I am not relying on any oral or written representation or statements made by Coastal Carolina University, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted within accordance with the laws of the State of South Carolina, United States of America.

(4) If any provisions of this release are found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document.

I hereby authorize the director, assistants, or other persons responsible for my minor child(ren)'s care to act on my behalf, according to their best judgment, for said minor in any emergency requiring medical attention and I hereby waive and release the camp, the instructors and Coastal Carolina University of all liability for any illness or injuries incurred while at, or in transit to and from the camp.

Parent or Guardian Signature

Date

Print Name of Parent or Guardian

Date