

Washington Track Camps LLC

Camps and Clinics 2018

Emergency Medical Release & Waiver

This page MUST be PRINTED, SIGNED, ACKNOWLEDGED, UNDERSTOOD and turned into the registration/check-in on the first day of camp/clinic.

I, the parent or legal guardian of _____ (the “Athlete”), give permission for the Athlete to receive emergency medical or surgical treatment and hospitalization if necessary. I hereby authorize the directors, coaches, staff and associates of Washington Track Camps to act on my behalf according to their best judgment in any emergency requiring medical or surgical treatment and hospitalization if necessary. I certify that the Athlete is physically able to participate in the Washington Track Camps and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program. I also understand that Washington Track Camps will administer no physical examinations and that Washington Track Camps will rely solely upon the information provided during online registration. I hereby waive and release Washington Track Camps and its Coaches, Staff, Camp Management, Directors, Sponsors and Representatives from any liability for any injury or illness incurred while at camp.

ASSUMPTION OF RISK / RELEASE FROM LIABILITY:

I, the undersigned, as the legal parent or guardian of the above named registrant hereby acknowledge that the Athlete named above is covered by medical insurance as stated on the registration. It is further understood that the *University of Washington* does not provide medical insurance covering injuries of any nature incurred at any of the 2018 Washington Track Camps & Clinics conducted by Washington Track Camps, LLC. The undersigned hereby releases WASHINGTON TRACK CAMPS, LLC and the *University of Washington*, its successors, assigns, officers, agents and employees, from any and all claims, demand and causes of action whatsoever in any way growing out of or resulting from participation of the above named child in any of the 2018 *Washington Track Camps*.

CONSENT FOR TREATMENT OF A MINOR:

I, the undersigned, authorize the staff of WASHINGTON TRACK CAMPS, LLC to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp, it’s staff, and the University of Washington, it’s successors, assigns, officers, agents and employees from any and all liability for any injuries or illness incurred while at camp/clinic. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp/clinic. I am bound to hold the Health Center, UW Medical Center and its' physicians harmless from any and all consequences of such treatments, diagnosis or surgery that these duties are performed with ordinary care and to the best of their ability.

CONSENT FOR USE of VIDEO, AUDIO and PICTURES:

I, the undersigned, authorize the Washington Track Camps staff and Washington Track Camps, LLC to use any pictures, video, and audio taken at the aforementioned camp/clinic/event listed at the top of this form for use at their discretion, including but not limited to marketing of future camps/clinics/events and for profit ventures.

I have read and agree to the terms of both the “Consent for Treatment of a Minor” and “Assumption of Risk / Release from Liability”.

Parent /Guardian Printed Name _____ Phone _____

Parent/Guardian Signature _____ Date _____