

Participation Waiver Form (required)

**ACKNOWLEDGMENT, RELEASE, HOLD HARMLESS AND
ASSUMPTION OF POTENTIAL RISK AGREEMENT**

I, the undersigned (Name of Student/Participant) _____ wish to (and if under 18 years of age, also my parent or guardian authorizes to) participate in _____ VAHSA Camp 2011 _____.

I understand and acknowledge that this Activity may be dangerous and hazardous and, by its very nature pose the potential risk of severe and serious physical and emotional injury/illness, or even death, to all individuals who participate in such Activity.

I understand and acknowledge that in order to participate in this Activity, my son/daughter and I agree to ASSUME ALL LIABILITY AND RESPONSIBILITY for any and all potential risks, injuries, or even death which may be associated with participation in such Activity.

I represent and warrant that Student/Participant is mentally and physically fit, capable, able, and willing to participate in this Activity without any limitations.

I understand, acknowledge, and agree that UVSA, its trustees, agents, volunteers, or representatives shall not be liable for any injury/illness suffered by Student/Participant, which is incident to and/or associated with preparing for and/or participating in this Activity.

I hereby **release**, discharge, indemnify, and agree to hold harmless UVSA, its governing board, and each of their trustees, employees, agents, coaches, teachers, volunteers, and representatives free from any and all liability arising out of or in connection with Student/Participant's participation in this Activity, including all related activity such as games, practices, training activities, trips and related exercise. For purpose of this **RELEASE**, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student/Participant or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns may have against UVSA, and their trustees, agents, volunteers, and representatives because of Student/Participant's personal, physical or emotional, injury, accident, illness, or death, or because of any loss of or damage to property that occurs to Student/Participant or his or her property during Student/Participant's participation in the Activity that may result from any cause including but not limited to UVSA's, trustees', agents', volunteers', or representatives' own passive or active negligence or other acts other than fraud, willful misconduct or violation of the law.

I acknowledge that I have carefully read this ACTIVITIES PARTICIPATION FORM and that I understand the potential dangers incident to engaging in the Activity, am fully aware of the legal consequences of this agreement, and agree to its terms and understand I am waiving certain rights and assuming the risk of damage from my participation in the Activity.

The undersigned understands and acknowledges that during the activities pictures, including video, may be taken of the undersigned, or my son or daughter, and with voice sound and may subsequently be used in the promotion of future activities by UVSA. I authorize the use of my name or my son or daughter's name, and pictures including any accompanying voice, to be exhibited with or without advertising sponsorship as still photographs, transparencies, motion pictures, television, video or similar media and hereby **release** UVSA, its trustees, officers, agents, and cooperating agencies from any and all claims for the taking and use of the same.

Student/Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if Participant is under the age of 18)

A signed PARTICIPATION WAIVER must be on file with UVSA before a Student/Participant will be allowed to participate in the above Activity. STUDENT/PARTICIPANTS AND/OR PARENTS OR GUARDIANS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS AGREEMENT SHOULD NOT SIGN THIS AGREEMENT, AND WILL NOT BE ALLOWED TO PARTICIPATE.

Medical Release Form (required)**AUTHORIZATION FOR MEDICAL TREATMENT**

I, the undersigned (Name of Student/Participant) _____ wish to (and if under 18 years of age, also my parent or guardian authorizes to) participate in VAHSA Camp 2011.

In order that I/my daughter/son may receive the necessary medical treatment in the event of an emergency whereby I/she/he may sustain injury or illness during participation in this activity, I authorize any school official to consent to and obtain necessary medical treatment, including x-rays, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care for such an injury or illness during the activity and I hereby **release**, discharge, indemnify and agree to hold UVSA, governing board and each of their trustees, agents, volunteers, and representative harmless in the exercise of such authority. I further hereby acknowledge that neither UVSA nor any of the persons named above have any obligation to seek such treatment. Should the need arises, the following information may be given to any health care provider:

EMERGENCY CONTACT #1 Parent(s) or guardian <hr/> <i>(first name)</i> _____ <i>(last)</i> _____ <hr/> Circle one: Father Mother Guardian <hr/> <i>(home phone)</i> _____ <hr/> <i>(cell phone)</i> _____	OTHER CONTACT Adult over the age of 21 <hr/> <i>(first name)</i> _____ <i>(last)</i> _____ <hr/> <i>(Relationship: i.e. neighbor, relative, etc.)</i> _____ <hr/> <i>(home phone)</i> _____ <hr/> <i>(cell phone)</i> _____
EMERGENCY CONTACT #2 Parent(s) or guardian <hr/> <i>(first name)</i> _____ <i>(last)</i> _____ <hr/> Circle one: Father Mother Guardian <hr/> <i>(home phone)</i> _____ <hr/> <i>(cell phone)</i> _____	OTHER CONTACT Adult over the age of 21 <hr/> <i>(first name)</i> _____ <i>(last)</i> _____ <hr/> <i>(Relationship: i.e. neighbor, relative, etc.)</i> _____ <hr/> <i>(home phone)</i> _____ <hr/> <i>(cell phone)</i> _____

STUDENT'S PRIMARY PHYSICIAN

Name of Physician: _____ Phone: _____

MEDICAL CONDITION

Please list any medical conditions of the above student (asthma, diabetes, epilepsy, etc.):

Please list any allergies or allergic reactions to foods, materials, or medications of the above student:

Please list any medications the above student is now taking:

Other pertinent medical information:

MEDICAL INSURANCE

Company: _____ Policy No.: _____

I, or the undersigned parent/guardian, have read and understood the above Authorization for Medical Treatment.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____
(if Participant is under the age of 18)