

UNLV CAMP REGISTRATION

Camp Attending:

Date/Session:

Name of Camper:

Permanent Address:

City/State/Zip:

Email:

School:

Grade:

Age:

Birthdate:

Emergency Contact Name:

Phone #1:

#2:

Name of Insurance Company:

Policy #:

Authorization Telephone #:

Please list health concerns/injuries/medications:

Medical Release

I hereby authorize a claim to be filed under the above medical group policy in the event an injury occurs while my son or daughter is attending camp. I, hereby grant permission to the University of Nevada, Las Vegas Athletic Training Department to render to my son/daughter any preventative measures, basic first-aid, acute injury treatment deemed reasonable and necessary for my son/daughter during camp. I also grant permission for the athletic training staff to make appropriate medical referral to a physician of choice in the event of such injury or illness occurs during camp. Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital, as deemed necessary by the attending physician.

RELEASE OF LIABILITY

In consideration of my minor child/ward being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for my child's participation. If, however, I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS Allison Keeley, the UNLV Volleyball Camp, the University of Nevada – Las Vegas, the State of Nevada on relation of its Board of Regents of the University and Community College System of Nevada for UNLV, and their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, including costs of defense and attorney's fees, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM RISKS ASSOCIATED WITH THIS ACTIVITY and/or the NEGLIGENCE OF THE SPONSORING GROUP OR ANY AGENT THEREOF.
5. In addition, I understand and agree that the Sponsors cannot control all of the risks associated with the indicated activities, and may need to respond to accidents and other emergency situations. Therefore, I hereby give my consent to the administration of any medical treatment that may be deemed by the Sponsors to be required by me relative to my participation, with the understanding that the costs of such treatment will be my responsibility, unless otherwise provided below. I acknowledge that the Sponsors do not carry medical or any other insurance for participants in the activities named, unless the participants are informed otherwise in writing. Therefore, participants must provide their own medical, disability or other appropriate insurance. I have read the foregoing agreement and have knowingly and willingly signed it with a full understanding of its purpose. I acknowledge that the activity specified involves strenuous activity, and that I know of no medical reason why my daughter should not participate. I affirmatively represent that competent to execute this agreement, intend to be bound by it, and agree that it shall be governed by the laws of the State of Nevada.

Name of Parent/Guardian

Signature

Date