

**2021 PATRICK NICHOLAS' HIGH PERFORMANCE VOLLEYBALL TRAINING
CAMPS/EVENTS MEDICAL FORM/PARENTAL CONSENT WAIVER**

This form must be completed and signed by the camper's parent or legal guardian. Please print clearly.

CAMP/EVENT: _____ CAMP/EVENT DATES: _____

CAMPER/PARTICIPANT INFORMATION

NAME: _____ D.O.B.: ___/___/___

ADDRESS: _____ AGE: _____

CITY: _____ STATE: ___ ZIP: _____ GRADE: _____

HOME PHONE NUMBER: (_____) _____ GENDER: M F

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

MOTHER'S NAME: _____

WORK NUMBER: (_____) _____ CELL PHONE NUMBER: (_____) _____

FATHER'S NAME: _____

WORK NUMBER: (_____) _____ CELL PHONE NUMBER: (_____) _____

BACKUP EMERGENCY CONTACT: _____ PHONE NUMBER: (_____) _____

RELATION TO CAMPER/PARTICIPANT: _____

MEDICAL HISTORY INFORMATION

DOES THE CAMPER/PARTICIPANT HAVE ANY OF THE FOLLOWING? IF YES, PLEASE DESCRIBE.

1. KNOWN ALLERGIES? NO YES _____

2. ARE THERE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? NO YES

6. IS THE CAMPER/PARTICIPANT CURRENTLY TAKING ANY MEDICATIONS? NO YES

IF YES, PLEASE LIST ALL MEDICATIONS AND SPECIFY ANY THAT NEED TO BE TAKEN DURING CAMP/EVENTS.

CAMP/EVENT: _____

INSURANCE POLICY INFORMATION

IS THE CAMPER/PARTICIPANT CURRENTLY COVERED BY HEALTH INSURANCE? YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

HEALTH INSURANCE PROVIDER: _____

POLICY NUMBER: _____

NAME OF POLICYHOLDER: _____

PERMISSION TO TREAT & MEDICAL AUTHORIZATION

PLEASE CHECK ONE OF THE FOLLOWING AND SIGN BELOW.

I, _____, parent or guardian of the child named above, give consent for my child to attend a Patrick Nicholas' High Performance Volleyball Training Camps/Events. As parent/guardian, I understand that my child's participation will include strenuous aerobic exercises, as well as great deal of excitement in connection with the camp program. I acknowledge that injuries may occur as a result in the participation in this camp/event, and I accept that consequence. I have advised our family physician that my child wishes to participate in a Patrick Nicholas' High Performance Volleyball Training Camps/Events, and our physician has approved of this participation.

I hereby authorize the Catawba Sports Medicine staff or other appropriate Catawba College personnel to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with Patrick Nicholas' High Performance Volleyball Training Camps/Events

Parent/Guardian Signature: _____ Date: _____

I **DO NOT** want any type of medical treatment provided to my child. Parent/Guardian

Signature: _____ Date: _____

**2021 PATRICK NICHOLAS' HIGH PERFORMANCE VOLLEYBALL TRAINING
CAMPS/EVENTS LIABILITY WAIVER/PHOTOGRAPHIC RELEASE**

This form must be completed and signed by the camper's parent or legal guardian.

CAMP/ALL EVENTS LIABILITY WAIVER

This is a legally binding Release executed by (participant's name) _____ and by _____ (Parent or Guardian name) to Patrick Nicholas' High Performance Volleyball Training Camps/Events. In consideration of the Participant being permitted to participate in the camp/events, I/We do release, waive, forever discharge, and covenant not to sue the institution, its governing board, officers, agents, employees, volunteers, and any students acting as employees ("Releasee"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature which Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Participant or by any property belonging to me, while Participant is in, on, upon or in transit to or from the premises where the camp/event, or any adjunct to the camp/event, occurs or is being conducted. I/We have signed this "Liability Release, Waiver, Discharge and Covenant Not to Sue" in full recognition and appreciation of the dangers, hazards, and risks or such activities, which dangers include but are not limited to heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs, teeth etc., and which could include serious or even mortal injuries or property damage. I/We further attest that I/We have fully discussed the aforementioned risks and hazards, and Participant and Participant's Parent/Guardian agree that Participant has individually assumed the risks involved with this camp/event as witnessed below. Participant/Participant's Parent/Guardian agrees to save and hold harmless, indemnify, and defend Releasee's from any claim by Participant or Participant's family, arising out of Participant's participation in the camp/event. In signing this Release, Participant and Participant's Parent/Guardian acknowledge and represent that I/we have fully informed ourselves of the content of this Release of liability and hold harmless agreement by reading it before we sign it, and that I/we have reviewed it and Participant understands what it means and the I/We sign this document as my/our free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further state that I am fully competent to sign this Agreement, and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant, and for Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

Parent/Guardian Signature: _____ Date: _____

CAMPER/PARTICIPANT'S PHOTOGRAPHIC RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, parent or legal guardian of _____ (participant name) hereby grant and convey to Patrick Nicholas' High Performance Volleyball Training Camps/Events all right, title and interest in and to record my child's name, likeness, image, voice, statements and/or writings including any and all photographic images and video or audio recordings made by Patrick Nicholas' High Performance Volleyball Training Camps/Events. I further grant to Patrick Nicholas' High Performance Volleyball Training Camps/Events, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including, but not limited to, external or internal print media or posting on the Internet and World Wide Web, for educational, historical, archival, promotional, advertising or other purposes, without limitation, consistent with the mission of the College, I agree that all intellectual property rights to the sound, still, or moving images belong to Patrick Nicholas' High Performance Volleyball Training Camps/Events. I voluntarily waive any right to any royalties, proceeds or other benefits derived from such photographs or recordings and agree that I shall receive no compensation for my/ or my child's appearance and participation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

Parent/Guardian Signature: _____ Date: _____