

RELEASE & CONSENT

[SUMMER CAMP] AGREEMENT

[Camp] is sponsored and run by Coach [COACHES NAME], and it may be held at the University of Virginia and use some of the University's facilities. However, [camp] is not sponsored or run by the University, and Coach and Coach's assistants are not employees or agents of the University in their operating the camp.

Please read the following agreement carefully before signing. Although camp participation is encouraged, it is encouraged only if health and safety are considered.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including [summer camp], is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the summer camp coaches or assistants as soon as the problem begins.

2. By signing below, I certify the following:

--That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the summer camp;

--That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in the summer camp;

--That my child has no history of fainting or other problems related to strenuous exercise; and

--That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____ Date: _____

CONSENTS:

1. By my signature below, I hereby give permission for [camp] and its employees and agents to obtain medical treatment for my child, _____, in the event of accident or illness during his/her presence at the camp.

2. By my signature below, I hereby give consent to have my child be photographed or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by [camp].

Parent/Guardian Signature _____ Date: _____

RELEASE:

1. In consideration for accepting my child into [camp], which uses University facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating in [camp]

2. By my signature below, I also agree to release and promise not to sue the Commonwealth of Virginia, the University of Virginia, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in [camp], unless such damages, loss, injury or death are caused by the gross negligence or intentional gross misconduct of such employees or agents.

Parent/Guardian Signature _____ Date: _____