

Release of Liability Form:

Chicago State University
Camps / Clinics Parental Authorization Release of Liability Form
(please PRINT or type in BLACK ink)

In consideration of the camp/clinic granting the aforementioned individual permission to participate in the camp/clinic hosted by Chicago State University, I hereby recognize and acknowledge that there are certain risks of physical injury to participants in the camp/clinic activities, and I hereby assume all risks of camp/clinic activity (including property loss or damage and death) that may result from any activity (including any activities that take place at the Kroc Center) while my daughter is enrolled as a participant. As parent/guardian, I do hereby release, indemnify, defend, and hold harmless the State of Illinois, the Board of Trustees of Chicago State University, its Athletics Department, the sports camp/clinic in which my daughter is enrolled, and Chicago State University's officers, employees, agents, and assigns, from any and all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from the participant taking part in sports camp/clinic activities.

I certify that within the past year, the aforementioned participant has had a physical examination by a licensed physician, and that he/she is physically able to participate in the sports camp / clinic activities.

The camps/clinic program has adopted the following procedures for caring for your daughter in the event that she becomes sick or injured while attending the aforementioned camp/clinic: 1) A representative from the camp/clinic will reach out to a parent present at the clinic and/or call the home telephone number listed. If there is no answer, 2) A representative will call the mother's, father's, and/or guardian's day and evening phone numbers as listed. If there is no answer, 3) A representative will call the emergency contact and the physician listed. 4) If none of the above answer, a representative will call an ambulance, if necessary, to transport your daughter to an appropriate medical facility. 5) Camp/clinic representatives will continue to call all listed numbers until one is reached. A message may also be left on an answering machine. 6) Based upon the judgment of the Clinic Director, your daughter may be admitted to a local medical facility. By signing below, you are giving permission for representative(s) of camps/ clinic program to follow these procedures if your daughter becomes sick or injured while attending the aforementioned camp/clinic.

In the event of an injury, illness, and/or accident involving my daughter, I hereby give my consent for medical treatment and permission to a Camp Director to provide on-site first aid, to the appropriate camp/clinic personnel to properly transport my daughter to an appropriate medical facility for care, and to a licensed physician to hospitalize and secure proper treatment (including injections, diagnostic procedures, anesthesia, surgery, and/or other reasonable and necessary procedures) for my daughter. I agree to assume any and all costs related to such treatment. I hereby authorize my health insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand that each participant must provide his/her own medical insurance in order to participate in the aforementioned camp / clinic.

I understand that I am responsible for any and all medical and/or other charges related to the aforementioned participant's attendance and participation in the camps/clinics Program. I also understand that registration is not considered complete until this completed and signed form is on file.

Parent/Guardian
Signature

Date