

Shawnee State University

Camps/Lessons/Trainings & Clinic Release & Consent Form

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. EACH PARTICIPANT'S HEALTH AND SAFETY SHOULD BE CAREFULLY CONSIDERED BY THE PARTICIPANT AND/OR SUCH PARTICIPANT'S LEGAL GUARDIAN GIVEN THE RISKS INVOLVED WITH PHYSICAL FITNESS AND IN LIGHT OF THE VARIOUS RELEASES MADE HEREIN.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. On behalf of myself and my child, I understand that one of the risks of participating in any sport, including the Camp, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. Being fully informed of such risks, I consent to and agree to assume all risks involved.

2. To minimize the risk of injury to my child and other Camp participants, I agree to instruct my child to obey all safety rules and any other rules, regulations or restrictions set forth by any of the individuals associated with the Camp. I further agree to instruct my child to fully report and/or disclose any problems related to his/her health or physical condition to Camp coaches, assistants or other personnel as soon as the problem arises or becomes noticeable.

3. By signing below, I certify the following:

- I am authorized to execute this Camp & Clinic Release & Consent Form ("Release") and make decisions on behalf of my child as his/her parent or legal guardian;
- 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 Camp;
- That my child is not currently being treated for or recovering from an orthopedic or other injury that would prevent his or her safe participation in the Camp;
- That my child has no history of fainting or any other problems whatsoever related to strenuous exercise which has not been disclosed to Shawnee State University; and
- That my child is in good health and that, to the best of my knowledge, there is no reason he or she cannot or should not participate in the kind of physical activity involved with Camp participation.

Parent/Guardian Signature: _____ Date: _____

CONTINUED ON THE FOLLOWING PAGE

CONSENTS:

1. By my signature below, and in the event any accident, illness, injury, or other medical condition arises in connection with my child's participation in the Camp, I hereby authorize the Camp, including any of its coaches, assistants, or other personnel to obtain medical treatment for my child, _____, as the same may be deemed reasonably necessary by any such parties.

2. By my signature below, I hereby 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, marketing and public relations purposes by Shawnee State University without any obligation, monetary or otherwise, to myself or my child.

Parent/Guardian Signature: _____ Date: _____

RELEASE:

For good and valuable consideration, including my child's participation in the Camp, the receipt and sufficiency of which are hereby acknowledged, and as evidenced by my signature below, I hereby, on behalf of myself, my child, and any of our heirs, successors, executors, administrators, assigns or survivors:

1. Agree that I am and shall be responsible for any and all costs associated with any injury or loss (including all actual costs and expenses associated with accompanying medical attention) that may be sustained by my child as a result of his/her participation in the Camp, whether such injury is the direct or indirect result of such participation.
2. Certify that I have, or a member of my family has, health insurance, which provides adequate coverage for any injuries, illnesses, or other medical conditions my child may sustain in connection with participating in the Camp. Further, I acknowledge that I am providing various equipment for my child to use in connection with his/her Camp participation, and that I am solely responsible for the effectiveness, upkeep, maintenance, and safety of any such equipment.
3. Forever release, indemnify, and hold harmless the State of Ohio, Shawnee State University, and any and all of their employees, agents, independent contractors coaches, assistants, or other personnel and other affiliates, personally, from and against any and all claims for any damages, loss, injury, disability, or death arising from or in any way in connection with, or related to, my child's participation in the Camp, regardless of the nature or basis of the claims.
4. Understand that participating in a group activity involves certain inherent risks, including but not limited to the exposure to and possible contraction of communicable diseases such as COVID-19. The release of claims stated in paragraph 3 above includes the release of any such related claims.

This waiver is intended to be as broad and inclusive as permitted by law. It shall be governed by the laws of the State of Ohio. To the extent that any part of this waiver or agreement is deemed unenforceable for any such reason, the rest of the terms and provisions hereof are intended to remain in full force and effect.

I certify that I have had adequate time to read all of the terms and provisions of the Release, ask any questions that I may have regarding this Release, and that I understand the various obligations I am assuming and rights I am waiving by signing this Release.

Parent/Guardian Signature: _____ Date: _____