

Participant's Name: \_\_\_\_\_  
Print Name

UNIVERSITY OF CALIFORNIA AT RIVERSIDE  
DEPARTMENT OF ATHLETICS

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in the \_\_\_\_\_  
\_\_\_\_\_ Camp from \_\_\_\_\_ through  
\_\_\_\_\_ (hereinafter referred to as the "Camp") I, for myself, my heirs,  
personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Camp.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date      \_\_\_\_\_  
Signature of Participant      Date

**Assumption of Risks:** Participation in the Camp carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Camp. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Camp and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date      \_\_\_\_\_  
Signature of Participant      Date  
Participant's Age (if minor) \_\_\_\_\_

APPENDIX C

**CAMP HEALTH FORM (Page 1 of 2)**

*A Copy of Appendix C is to be submitted to the Camp Trainer*

**A summer sports camp participant may not be permitted to attend a camp unless this form is completed and returned prior to registration. On-site registration must have a completed form before participating in camp.**

Camp: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
 Street and Number

City State Zip

Phone ( ) \_\_\_\_\_ Cell \_\_\_\_\_

If not available in an emergency, please notify:

1. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**HEALTH HISTORY** (check all that apply)

Asthma \_\_\_\_\_  
 Ear Infections \_\_\_\_\_  
 Migraines \_\_\_\_\_  
 Convulsions \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Heart Murmur \_\_\_\_\_  
 Behavior Disorder \_\_\_\_\_

Allergies:  
 Bee Stings \_\_\_\_\_  
 Hay Fever \_\_\_\_\_  
 Food \_\_\_\_\_  
 Penicillin \_\_\_\_\_  
 Other Drugs \_\_\_\_\_  
 Other: \_\_\_\_\_

**Operations or Serious Injuries** (list condition and dates):

\_\_\_\_\_  
 \_\_\_\_\_

\*\*\* *All surgeries and serious injuries require a physician's clearance ( sent to the camp director) before participating in a University of California, Riverside Camp.*

**Chronic/ Recurring Illness or Serious Illness in the past 6 mos.** (list condition/ date):

\_\_\_\_\_  
 \_\_\_\_\_

\*\*\* *Serious or recent illnesses require a physician's clearance before attending Summer camp.*

**Medications camper is currently taking** (please be specific):

\_\_\_\_\_

**IMPORTANT:** *Please notify the camp director if this camper is exposed to any communicable disease, or if the camper sustains an injury during the three weeks prior to this camp.*

**APPENDIX C**  
**CAMP HEALTH FORM - Page 2 of 2**

**Immunization History**

DTP Series _____	Booster _____
Measles (live) _____	Tetanus _____
Tuberculin Test _____	Rubella _____

**RESTRICTIONS/ LIMITATIONS WHILE AT THIS CAMP:** (Please be specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this camper require taping/ splinting for sport participation? (Please be specific)

\_\_\_\_\_

\_\_\_\_\_

\*NOTE: You must supply your own tape supplies for pre-existing conditions.

**IMPORTANT:**

Camper's with the following conditions must provide written physician's clearance before attending Summer camp. Please return an official letter of physician's clearance (for each item checked) with this form. The camp medical director may require a physician's clearance for other conditions not listed on this form.

Fracture in the last 6 mos. _____	Spinal Injury _____
Surgery in the past year _____	Diabetes _____
Seizure Disorder _____	Hemophilia _____
Heart Condition _____	Loss of Organ _____
(including murmurs) _____	Illness in past 1 mos. _____

**INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Policy /GRP # \_\_\_\_\_ Is pre-approval required? \_\_\_\_\_

Insurance Co. # ( for pre-approval) \_\_\_\_\_

**PARENT/ GUARDIAN AUTHORIZATION**

This health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as described on the second page.

In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

ATC reviewed \_\_\_\_\_