



CONCORDIA UNIVERSITY CHICAGO SPORTS CAMP:

WAIVER , ASSUMPTION OF RISK AND CONSENT AGREEMENT FOR PARTICIPATION

Camp: Concordia Chicago Cougar Track Camp

Date: June 23 – 25, 2010

Name of Child Ward: _____

PLEASE PRINT

I hereby consent to the participation of my child/ward in the above identified Camp to be held on the campus of Concordia University Chicago at the River Forest campus. I have been advised and understand the planned activities in which my child/ward will participate while attending this Camp. I further understand that my child/ward will participate in activities that may involve additional risk and physical movements during this Camp. I also understand that that I have a duty to provide primary accident and medical insurance for my child/ward and I declare that my child/ward is currently covered by primary accident and medical insurance in

Policy Number _____ issued by _____

I understand that if my child/ward is uncomfortable with the physical requirements expected of him/her in conjunction with any activity in the Camp, or if, for any other reason, my child/ward does not feel that he/she can safely perform the requirements of a specific Camp activity, he/she is required to withdraw, without prejudice, from that particular activity. I believe that my child/ward has the basic skills and ability to permit him/her to safely participate in the Camp. Therefore, having been fully informed about the Camp and its requirements, I voluntarily choose to have my child/ward participate in the Camp.

Being fully informed of the nature of this Event and of the activities which I may perform as a participant in the Event, I hereby release and discharge Concordia University Chicago, its agents and servants, successors and assigns, directors, regents, trustees, officers, employees and other representatives from any and all damage or losses which I may sustain as a result of my participation in the Camp. Further, I agree to indemnify and hold forever harmless Concordia University Chicago, its agents and servants, successors and assigns, directors, regents, trustees, officers, employees and other representatives against loss from any and all present or future claims, demands or actions, in law or in equity, that may hereafter be made or brought by my child/ward, by anyone on my behalf, or by anyone else in their own behalf for damages or any other legal or equitable remedy on account of injury, illness, physical condition, inconvenience or loss sustained by me or anyone else as a result of my participation in this Camp. I further release and forever discharge Concordia University Chicago, the Board of University Education, Concordia University System, Inc., and The Lutheran Church—Missouri Synod, their agents and servants,

successors and assigns, directors, trustees, officers, employees and their representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child/ward, by anyone on behalf of me or my child/ward, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by my child/ward during the planned activities for which my child/ward is registering to participate.

I understand that my child/ward may be dismissed from the Camp for unacceptable behavior that is not corrected after being notified of the unacceptable behavior by the University staff. In such instance no refund will be made.

I HAVE READ AND UNDERSTAND THE FOREGOING PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW, INDICATING MY OWN FREE ACT AND DEED.

I hereby consent to the participation of my child in the above-described Camp. I have read the foregoing information, discussed the Camp with my child/ward, and have further had the opportunity to discuss with the University Staff any questions which I had regarding the Camp.

Parent/Guardian signature

Printed Name

Date

Address: _____

Emergency Phone Number during Camp times:
: (____) ____ - ____ extension ____