

**University of Idaho  
Volleyball Camp, Registration / Permission / Waiver**

|   |                                  |   |                |       |
|---|----------------------------------|---|----------------|-------|
| Name  | (First)                          | (Last)  |                |       |
| County & District   | (County)                         |   |                |       |
| Age   | (Age)                            | <input type="checkbox"/> Male <input type="checkbox"/> Female |                |       |
| Address   | (Street)                         |   |                |       |
|   | (City, State)                    | (Zip)   |                |       |
| Phone   | (Home)                           |   |                |       |
| E-mail:   |                                  |   |                |       |
| Emergency contact(s) & Insurance info   | NAME:                            | (Relationship)  |                |       |
|   | PHONES:                          | WORK:   | HOME:          | CELL: |
|   | NAME: (if needed)                |   | (Relationship) |       |
|   | PHONES:                          | WORK:   | HOME:          | CELL: |
|   | (Medical insurance company name) |   | Address:       |       |
|   | (Policy number)                  | (ID Number)   |                |       |
| <b>PLEASE NOTE:</b> Hospital requires Social Security numbers before providing treatment and suggests that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident / illness policy while participating in activities sponsored by our program. In the event of injury or illness arising from participation in program activities, American Income Life must be notified within 20 days of the date of the illness or injury. The Program staff will have information on filing claims. <b>Insurance provided through American Income Life provides only limited protection for injuries or illnesses which occur while participants are participating in program activities, and the participant's family is responsible for all medical expenses not covered by program insurance.</b> |                                  |   |                |       |

**Acknowledgement of Risk and Waiver of Liability  
Parent/Guardian Permission**

*Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to University of Idaho, PO Box 442302, Moscow ID 83844-2302. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.*

I, the undersigned, am aware that participation in above named activity ("Program") may include activities that are risky and dangerous. Both participant and their parent(s) / guardians ("I") acknowledge and accept the risks and give permission for participation in the Program. I acknowledge that participation in this Program has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury to myself, or my child, up to and including mortal injury, may occur: athletic learning opportunities while on campus or off; field trips; activities supplemental to the Program; use or operation, by myself or others, of equipment; physical and sports activities, including, but not limited to, jumping, running, ball handling, scrimmaging; being outside or in the presence of inclement weather conditions including, but not limited to, heat, lightning, wind, and rock fall; contact with plants, animals or other environmental hazards; transit to or from the Program locations and activity locations including but not limited to travel by bus, van or private auto; use of roads, trails, terrain, and other routes in the condition in which they are found; staying overnight on or off campus; rendering of first-aid, emergency treatment or other services; consumption of food or drink; or other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependant to associate with the program, I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, The Regents of the UI, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the above named Program.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family. I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from the Activity site, or if I am a passenger in such a vehicle, the University is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled Activity activities, regardless if occurring before, during or after the period of the Activity.

I hereby certify that, with or without accommodation, I and/or my dependant is in good health and I know of no medical reason why he/she is not able to participate in this program. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that he/she may sustain while participating in any Program associated with the above named Program.

**I understand that any insurance provided through this program provides only limited protection for injuries which occur while participation and that I am responsible for all medical expenses not covered by program insurance. Program insurance is provided by an American Income Life camp accident policy.**

**If my dependant has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact University of Idaho Volleyball at (208) 885-0263, at least one week (7 days) prior to the start of the activity.**

I accept and will abide by the University of Idaho Policies listed in the Policies and Interest to Student Brochure, which is available on-line at [www.webs.uidaho.edu/riskmanagement](http://www.webs.uidaho.edu/riskmanagement) or by contacting Risk Management at (208) 885-7177. I accept and will abide by the behavioral expectations of the sponsoring program, applicable city, state and federal laws, and the policies and procedures of the University of Idaho. I understand that disregard for University of Idaho policies and applicable laws may be considered grounds for dismissal from Program, and prompt return home at my/parent expense.

I agree that you may photograph my child during, and in connection with, the Program. I agree that you shall be the exclusive owner of the photograph and all copyright and other rights of the photograph. I agree that you may use the photograph in any media you wish related to the University of Idaho Program.

If you **DO NOT** GIVE PERMISSION TO PHOTOGRAPH YOUR CHILD, CHECK HERE

**Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.**

|                                    |
|------------------------------------|
| <b>PARTICIPANT'S SIGNATURE</b>     |
| Participant's Name (PLEASE PRINT): |
| Participant's Signature:           |
| X                                  |
| Date:                              |

|  |
|--|
| <b>PARENT(S) / GUARDIAN(S) SIGNATURE</b> |
| Parent/ Guardian Name (PLEASE PRINT):    |
| Parent/ Guardian Signature:              |
| X  |
| Date:                                    |