

PEACOCK SOCCER CAMPS

AUG. 5-7
YOUTH SKILLS – GRADES 3-5
9-11 AM - \$50

AUG. 5-7
YOUTH SKILLS – GRADES 6-8
9-12 AM - \$60

AUG. 9-11
COLLEGE ID – GRADES 9-12
OVERNIGHT - \$250

All Checks Payable to Upper Iowa Men's Soccer

Name:	
Address:	City, State:
Contact Number:	Email:
Grade (Entering Fall '19):	School:
Club Team:	
Primary Position:	T-Shirt Size:

Waiver of Liability and Release of All Claims

Acknowledgement of Risk: The risk of injury from participating in a sports camp is significant, including the potential for permanent disability and death. I acknowledge that I may suffer an injury with my participation in a sports camp and that I should ask about other potential risks, dangers, and hazards and recommended precautions and procedures. I understand that participation in the camp is strictly voluntary. I agree to assume full risk of injuries, including death, damages, or loss of severity, which I may sustain as a result of my participation in the camp. I understand that UIU carries no medical insurance to pay for any injuries sustained. Therefore, I will look to my own health insurance policy or to own my own resource for payment of any and all medical expenses incurred. I understand that the absence of health insurance coverage on my part does not make UIU responsible for payment of any medical expenses incurred. I agree to wave and relinquish all claims against UIU and its respective directors, offices, trustees, agents, servants, and employees from any and all claims from injuries, including death, damages, and losses arising out of, connected with, or in any way associated with my participation in a camp.

In consideration of the acceptance of this application, I, intending to be legally bound hereby for myself, my heirs, executors, administrators, waved and released any and all claims for damages I may have against Upper Iowa University or its representatives and/or assignees for any and all damages which may be sustained and suffered out of traveling to, participating in, and returning from camp. I authorize the director of the camp or his/ her designee to select hospital facilities and/or physician of his/her choice and authorize treatment on an emergency basis in the event such treatment becomes necessary as a result of participation in the Sports Camp.

I have read and fully understand the aforementioned Waiver and Release of All Claims and all information supplied to me as accurate and current to the best of my knowledge.

Parent/Guardian Waiver for Minors (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the camp, and has agreed individually and on behalf of the child or ward, to the terms of the Waiver of Liability and Release of All Claims set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever.

Printed Participants Name: _____

Participant's Signature: _____

Parent/Guardian Signature: _____

Date: _____

In Case of Emergency Information

Primary Contact Name: _____ Relationship: _____ Contact #: _____

Secondary Contact Name: _____ Relationship: _____ Contact #: _____

MEDICAL INSURANCE: All campers will be required to have a signed waiver and release agreement on file before participating. An athletic trainer will be on duty throughout the entire camp. All participants should be covered by personal medical insurance. Each camper is asked to provide the company name, policy number, and the name of the policy owner.

Known Medical Issues: _____

Insurance Company: _____ Policy Holder: _____ Policy Number: _____