

# Minor or Under 18 WAIVER AND RELEASE (Parent/Guardian Signature Required)

*Please Print*

Camper's Name: \_\_\_\_\_

Parent's Medical Insurance Carrier: \_\_\_\_\_

Insurance Group #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

I, for myself and my child, am aware of and fully understand and appreciate the risks, hazards and inherent dangers that may arise due to my child's participation in the Nitro Fitness and Sports Enhancement camps held at Youngstown State University. In consideration for \_\_\_\_\_ (participant's name) being allowed to participate in said camp, it is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to loss of life, loss of limb, bodily injury, and loss of property are assumed by the camper and his/her parents and/or legal guardian as indicated by the signature hereto.

I hereby certify that the above-named camper is physically able to participate in the camp and that I know of no physical impairments which would in any manner limit his/her participation in the camp. I declare that I recognize that that their participation is voluntary and that any misconduct, assault, abuse, harassment, or consumption of alcohol and/or the use of drugs is strictly prohibited and could result in my child's dismissal from further participation in the activity.

In the event of illness or injury resulting or arising directly or indirectly out of participation in the camp, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency, (2) the administration of any treatment deemed necessary by a licensed health professional and/or (3) the transfer to any hospital reasonably accessible. As a parent or guardian, I also agree that I or my insurance carrier will bear the financial responsibility of any medical treatments administered under the above guidelines, which might be over the insured level of the camp and shall not be insured whatsoever by Youngstown State University. I acknowledge that I have adequate medical or hospitalization insurance for any injuries that my child may incur as a result of participating in this activity.

NOW, THEREFORE, in consideration for my child being allowed to participate in this activity, I agree for myself, and on behalf of my child, to hereby release, waive and discharge Nitro Fitness and Sports Enhancement the supervisor(s) and coordinator(s) of this activity, and Youngstown State University, its Board of Trustees, instructors, agents, officers, employees, and volunteers from every claim, liability or demand of any kind sustained, whether caused by the negligence of the camp or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine. I further agree to indemnify and hold harmless Nitro Fitness and Sports Enhancement Youngstown State University and its Board of Trustees, instructors, agents, officers, employees, and volunteers from any loss, liability, damage or cost it may incur due to my or my child's participation in said camp in any way whether caused by the camp or otherwise. I also certify that I am the legal parent or guardian of the above-named camper and have full right to provide this release.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**List any allergies, pertinent medical history, special considerations or accommodations needed below:**