



Camper's Name: _____

PAC Medical and Liability Release/Photo Release

(Must be filled out by every participant)

ALLERGIES/MEDICAL CONDITIONS: _____

MEDICATIONS: _____

INSURANCE COMPANY: _____

POLICY NO: _____

Basketball Camp

Session: _____

PAC Adventures Camp

Session: _____

Lunch: _____

Discounts: _____

Concessions: _____

Total Due: _____

Tuition: _____

EXPRESS ASSUMPTION OF RISK (15.22.1)

Shared Responsibility for Camp Safety

Parents/Guardians of Prospective Campers: Participation in sports camps requires an acceptance of risk of injury. Periodic analysis of injury patterns continuously lead to refinement in rules and regulations and other safety guidelines. However, to legislate safety via the rule book and equipment standards is seldom effective in and of itself. There are various safety concerns to be aware of. Some are regularly identified and addressed (i.e. heat illness and the administration of liquids frequently during camp sessions). Other safety concerns remain as such due to the camp participant's questionable compliance with specified guidelines (i.e. wearing all protective equipment issued, proper footwear, etc.). Some may be less clearly identified (i.e. head and neck injuries, knee injuries) and therefore, prevention and protection are difficult. risks.

RELEASE AND INDEMNIFICATION AGREEMENT (15.22.2)

I am the Parent/Guardian of the above-named participant who is under eighteen years of age and am fully competent to sign this Agreement. In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named institution, its governing board, officers, employees and representatives from any and all liability to Participant. Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION. I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and The Premier Athletic Complex and its employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

PARENT SIGNATURE: _____

Date Signed: _____

PAC MEDICAL FORM (please print)

Name: _____

Gender: M / F

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____

Evening Phone #: _____

Parent 1/Legal Guardian: _____

Parent 2/Legal Guardian: _____

Primary Care Doctor: _____

Phone #: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

I, Parent or Guardian of _____ (minor) give PAC staff permission to administer first aid and/or transport said minor to nearest hospital or clinic for medical treatment. _____

Signature of Parent of Guardian

Date

PHOTO RELEASE

By signing below, I hereby authorize Premier Athletic Complex to publish photos of myself and or my son/daughter on the official PAC website and/or for our brochures and/or newsletters. The photos will be used to aid visitors to help them get a visual depiction of the PAC experience. I stipulate by signing below that the photos not be identified in any way with personal information other than first names. (i.e., last name, address, phone number or any other identifying information). The photos will not be used for any other purpose than the stated purpose above. Not all photos will be used; only those deemed most advantageous for the purpose intended and that most accurately depict the subject matter.

Yes, I give permission for pictures to be used

No, please do not use pictures of my child

Parent Signature: _____

Date: _____