

## **Parent Authorization to Pick Up and Liability Waiver Form**

Camper's Name 1: \_\_\_\_\_  
Last Name First Name

Camp Session(s): \_\_\_\_\_  
(i.e. Swimming, Boys Basketball, Tennis, etc.)

Camper's Name 2: \_\_\_\_\_  
Last Name First Name

Camp Session(s): \_\_\_\_\_  
(i.e. Swimming, Boys Basketball, Tennis, etc.)

### **Primary Contact/Primary Pick Up**

The following individual will serve as the primary contact for my child and I understand that my child may be released to him/her during his/her week of LMU Summer Sports Camp.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### **Emergency Contact Information**

In addition to the individual listed as the Primary Contact/Primary Pick Up, I understand that the following individuals will serve as Emergency Contacts. Additionally, I understand that my child may also be released to these individuals during his/her week of summer sports camp (unless noted otherwise).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### **Alternative Pick Up Information**

In addition to the individuals listed above, I agree that my child may be released to the following individuals during his/her week of summer sports camp (this includes carpool groups, babysitters, etc.). I understand that anyone other than the listed Primary Contact/Primary Pick Up picking up a child from camp will be asked to show a photo I.D. (e.g. Driver's License, State I.D., etc.).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

***PLEASE TURN OVER AND PROCEED TO PAGE 2***



Parent's Camper Assumption of Risk & Waiver of Liability Agreement

I agree to allow my child to participate in the LMU Summer Sports Camp and affirm that my child's participation is entirely voluntary. I also understand that participation in the LMU Summer Sports Camp involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems; and muscular and skeletal stresses and strains due to strengthening and conditioning exercises. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the LMU Summer Sports Camp staff prior to signing this agreement. **I also understand that, despite safety precautions, LMU cannot guarantee that my child will not be injured. I, as my child's parent/guardian agree to assume all these risks.**

I understand that the best way to make sure that my child remains safe and avoids injury is for him/her to follow the rules, regulations and instructions of the staff of the LMU Summer Sports Camp. My child and I are willing to and have assumed these risks. To minimize the risks, I have instructed my child to obey all the rules, regulations and instructions of the LMU Summer Sports Camp.

In consideration for permitting my child to participate in the LMU Summer Sports Camp, **I voluntarily agree**, for myself, my heirs, executors, and administrators, to the following:

**TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by my child or any loss or damage to property owned by my child as a result of training for or participating in the LMU Summer Sports Camp.

**TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the persons or entity responsible for administering the LMU Summer Sports Camp, Loyola Marymount University, or its trustees, officers, employees, agents, students, and staff from any and all liability, claims, actions, demands, expenses, attorneys' fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or me, or to any property belonging to my child or me, while training for or participating in the LMU Summer Sports Camp.

**TO AUTHORIZE THE STAFF OF THE LMU Summer Sports Camps** to act for me, according to their best judgment, in seeking or obtaining any emergency medical attention for my child. I have no knowledge of physical impairment that would be affected by child's participation in the LMU Summer Sports Camp program, as outlined in the brochure/flyer.

By signing below, I acknowledge that I agree to and understand all terms and conditions listed above.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date