

MARQUETTE UNIVERSITY 2006 U14-15 ADVANCED COED SOCCER CAMP

RELEASE AND PERMISSION FOR CAMPER

Camper's Full Name

Date of Birth

Parent/Guardian's Full Name

Telephone Number

This is a legally binding Release for the above-named camper (hereinafter referred to as "Participant") executed by the above-named Parent/Guardian to Marquette University (hereinafter referred to as "Marquette"). In this agreement the term "I" and "Undersigned" refer to the Participant's parent/guardian

- 1.0 The Undersigned hereby grants permission to Participant to participate in the Marquette University 2006 U14-15 Advanced Coed Soccer Camp June 14 - 16 ("Activity").
- 2.0 In consideration of the Participant being permitted to participate in the Activity, the Undersigned releases Marquette (and its governing, board, employees, and agents) from any and all liability, claims and actions not arising from Marquette's causal negligence, that may arise from injury or harm to the Participant or from loss or damage to any property belonging to the Undersigned in connection with this Activity. The Undersigned grants permission despite the possible dangers and risks, and despite this Release. The Undersigned understands that Marquette University does not require Participant to take part in this Activity.
- 3.0 The Undersigned submits that Participant is physically able to participate in the Activity. In the event of an emergency, the Undersigned grants permission to Marquette to administer first aid and/or to obtain emergency medical treatment for Participant. The Undersigned agrees to pay all expenses incurred due to any emergency involving Participant in conjunction with the Activity.
- 4.0 The Undersigned therefore agrees to assume and take on all of the risks, except for those risks specially created by the causal negligence of Marquette, in any way associated with the Activity. The Undersigned also understands that the Release binds heirs, executors, administrators, and assigns of the Participant. I have read this entire Release; I fully understand it and I agree to be legally bound by its terms.

Parent/Guardian Signature

Date

**MEDICAL INFORMATION AND
EMERGENCY CONTACT FOR CAMPER**

Camper's Full Name _____

Date _____

MEDICAL INFORMATION

Medical Conditions

Current Medications

Allergies

Date of Last Tetanus Shot

EMERGENCY CONTACT INFORMATION

Contact Name

Relationship to Participant

Day Phone

Night Phone

Cell Phone