

# PARENTAL CONSENT AND RELEASE FORM

## FOR THE BILL FERGUSON'S USC ELITE BOYS CAMP

THE UNDERSIGNED PARENT (S) OR LEGAL GUARDIAN OF \_\_\_\_\_

HEREBY GIVES PERMISSION FOR THEIR CHILD TO PARTICIPATE IN THE BILL FERGUSON'S USC BOYS ELITE VOLLEYBALL CAMP. THE PARENT (S) OR LEGAL GUARDIAN OF THE AFOREMENTIONED PARTICIPANT UNDERSTAND THAT THERE MAY BE SOME RISK OF INJURY TO THEIR CHILD WHILE PARTICIPATING IN AND TRAVELING TO AND FROM THE BILL FERGUSON'S USC BOYS VOLLEYBALL CAMP, BUT STILL DESIRE THAT SHE PARTICIPATE IN THE BILL FERGUSON'S USC BOYS VOLLEYBALL CAMP.

THE PARENT(S) OR LEGAL GUARDIAN REPRESENT THAT A BASIC HEALTH/MEDICAL INSURANCE IS MAINTAINED ON THEIR CHILD AND THAT SUCH INSURANCE IS CURRENT AND IN EFFECT, AND WILL REMAIN IN EFFECT DURING BILL FERGUSON'S USC BOYS VOLLEYBALL CAMP. THE PARENT(S) OR LEGAL GUARDIAN(S) OF THE AFOREMENTIONED CHILD ALSO GIVES THEIR CONSENT TO THE UNIVERSITY OF SOUTHERN CALIFORNIA AND ITS EMPLOYEES, FACULTY, AND AGENTS TO AUTHORIZE MEDICAL TREATMENT FOR THE AFOREMENTIONED CHILD IF SUCH TREATMENT SHOULD BE DESIRABLE OR NECESSARY DURING THE COURSE OF THE PROGRAM. THE PARENT(S) OR LEGAL GUARDIAN(S) ACKNOWLEDGES, HOWEVER, THAT THEY, AND NOT THE UNIVERSITY OF SOUTHERN CALIFORNIA, ITS EMPLOYEES, FACULTY, AGENTS, ETC., FROM ANY ILLNESS, INJURY, DAMAGE TO PROPERTY, OR OTHER CONSEQUENCES ARISING OR RESULTING DIRECTLY OR INDIRECTLY FROM PARTICIPATION IN OR TRANSPORTATION TO AND FROM THE PROGRAM.

PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PARENT / GURADIAN \_\_\_\_\_ DATE \_\_\_\_\_

