

UNIVERSITY OF UTAH

**IMPORTANT: THIS IS A LEGAL DOCUMENT,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

**MINOR PARTICIPANT INFORMED CONSENT & PARENT/GUARDIAN CONSENT TO
TREATMENT, WAIVER AND RELEASE FOR U OF U ATHLETIC CAMP**

This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this Camp.

Participant (print full name): _____

Name of Athletic Camp: UTAH FOOTBALL CAMPS 2019

Date(s) of Camp: June 1: Ute Shoot Camp / June 7, 14, & 21: Jr. Ute Camp / June 12-13: Future Ute Camp / June 19: Elite & Specialist Camp

MINOR PARTICIPANT INFORMED CONSENT

I, the undersigned, am the Participant named above. I am familiar with the various activities that may be included in the Camp including, but not limited to, instruction, conditioning, practices, games, meals, lodging and travel to and from camp activities (“Camp Activities”). I understand that Camp Activities can include foreseeable and unforeseeable risks including death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury related to the eye and/or head, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other part of the muscular/skeletal system, and serious injury or impairment to other aspects of my body and general health and well-being. I further recognize that there are risks associated with travel and that I could incur some or all of these injuries during travel to and from Camp Activities. Knowing of these risks, I freely and voluntarily participate in the Program.

I am also familiar with the rules of conduct and University policies relating to this Camp. I agree to abide by the all of the operating procedures, including safety procedures outlined by the Camp instructors, plus any directions given to me by an authorized University employee during the course of the Camp.

(Signature of Minor Participant age 12–17)

PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE

I _____ am the parent/guardian of the above named Participant who is under 18 years of age. I am familiar with the activities described above which take place in the Camp and hereby give consent for my child to participate in the Camp. I understand that participation in the Camp can include foreseeable and unforeseeable risks as described above.

I acknowledge that the University has strongly recommended to me that I seek medical advice concerning my child’s physical health, conditioning and abilities, prior to engaging in any Camp Activities. I state that my child is free from any known heart, respiratory or other health problems that could prevent my child from safely participating in any of the Camp Activities.

I hereby give my express consent in the event of injury for the University to obtain for my child any necessary emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I certify that my child has medical insurance (provide insurance information below) and otherwise agree to be personally responsible for costs of any emergency or other medical care that my child receives. I agree to release, waive, covenant not to sue, and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that my child receives as a result of participation in the Camp.

I further agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of my child's participation in the Camp. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities, excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

I agree that the site of any lawsuit arising out of or related to participation in the Camp shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above named Event/Program, please contact the University's Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL. I HAVE HAD THE OPPORTUNITY TO SEEK LEGAL COUNSEL BEFORE SIGNING THIS DOCUMENT. NO PROMISES OR REPRESENTATIONS HAVE BEEN MADE TO ME TO GET ME TO SIGN THIS DOCUMENT.

Signature of Legal Guardian and/or Parent of Participant

Date

Emergency Contact Name and Relationship to Participant

Emergency Phone Number

Participant's Insurance Company Name and Address: _____

Insurance Policy Number: _____