



UNCONSCIOUS SKILLS CAMP REGISTRATION FORM

Camper First and Last Name: _____

Gender (Circle One): Male Female

Grade as of Fall 2019: _____

Parent Email: _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Phone Number: _____

Medical Conditions IWU should be aware of:

[illegible]

Event Waiver Agreement

I understand that participation in this activity is voluntary. I understand that there are certain risks inherent in this activity, including any associated travel, meal and lodging. These risks may include but are not limited to accidents; exposure to adverse weather conditions; theft, loss, or damage of personal property; physical, mental and emotional injuries including but not limited to head and spinal injuries, eye or ear injuries, slips and falls, cuts, concussions, strained muscles, broken bones, communicable diseases, and even catastrophic death. I understand that Indiana Wesleyan University (hereinafter referred to as University) is not responsible for any loss or damage to person or property. I confirm that I have resolved concerns, if any, about my health or ability to participate in or observe the activity with my physician before deciding to participate. I understand that University is not an age of, and has no responsibility for, any third party, which may provide any services including food, lodging, travel, or other good or services associated with activity. I understand the University is providing these services only as a convenience to participants and that accordingly, University accepts no responsibility, in whole or in part, for loss, damage or injury to persons or property whatsoever, caused to others or me while participating in activity or while staying in designated lodging. I further understand that University is not responsible for matters that are beyond its control. I agree to assume the risk that may occur by participation in this activity and any harm, injury, illness or death to me or damage to my personal property or effects while I am participating in or observing the activity while I am traveling to or from the activity. I further agree to release and hold Indiana Wesleyan University, its Board of Trustees, and any of its employees harmless from any and all liability which could result from this activity. I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the licensed doctor rendering the treatment. I also agree that any medical expenses that I might incur due to my involvement in this activity will be my responsibility. In consideration that the participant is a minor, this waiver remains in full force and effect and that by signing this release, I affirm that I am the legal guardian of the minor and agree and consent to this release on behalf of the minor. I hereby grant permission and authorize the provision of emergency medical treatment for minors or myself while becoming ill or injured in this activity. If any portion of this release is held invalid, the rest of the document shall continue in full force and effect. The interpretation and performance of this agreement shall be construed in accordance with the laws of the State of Indiana, and any litigation arising out of this activity shall be venue in the State of Indiana and shall be governed by the laws of the State of Indiana. I hereby authorize the staff of Indiana Wesleyan Men's Basketball Camps to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined above. I hereby give Indiana Wesleyan Men's Basketball Camps permission to publish and release information about the above named minor student, including his/her photograph, to the news media. In addition, I give Indiana Wesleyan Men's Basketball Camps permission to publish and copyright photographs and/or video footage of him/her and other information about him/her for any advertising and/or promotion done on behalf of Indiana Wesleyan Men's Basketball Camps in any printed or electronic form. I also certify that I am the legal parent or guardian of the above named student and have full right to provide this release.

Signature of Parent: _____

Date: _____