

# Parent/Guardian Release

University of Dubuque (UD) "Hold Harmless"

Agreement—Waiver and Release of Claims:

- Each participant's parent/guardian must complete this for prior to son or daughter's participation in the aforementioned activity. Please read this form carefully and be aware that you will be waiving and releasing all claims for injury/illness sustained from this activity by your son/daughter.
- As the parent/guardian of the participant, I certify that he/she is physically/mentally able to participate in this activity. Furthermore, permission is hereby granted to UD to provide necessary first aid treatment for the participant as well as permission to transport to a medical facility.
- Please recognize that the University of Dubuque (UD) does not carry medical insurance for injuries/illness sustained arising out of this activity. It must be noted that the absence of health insurance coverage does not make UD responsible for payment of medical expenses.
- In consideration for your son or daughter's participation in the UD named activity, I agree to assume all risk and fully release the following parties from all liability: UD, members of the University of Dubuque community, its directors, officers, trustees, agents, servants and employees for any injuries including death, damages or loss of severity which my child may sustain as a result of participating in this activity.
- I agree to waive and relinquish all claims I may have against the UD community, its directors, officers, trustees, agents, servants, and employees, as a result of participating in this activity.
- I further agree to indemnify and hold harmless UD, members of the UD community, its directors, officers, trustees, agents, servants, and employees from any and all claims from injuries/illness including death, damages and losses sustained by my child or rising out of, connected with, or in any way associated with my son or daughter's participation in this activity. This will include holding the University of Dubuque harmless from negligence on the part of the University of Dubuque.
- **Parent/Guardian's Signature is required on the other side of this form to confirm that you have read and agreed to all aspects of the Hold Harmless Agreement-Waiver and Release of Claims.**

# Soccer Camp Registration

University of Dubuque Advanced Players Camp

August 7th, 2015

University of Dubuque Campus

Please Return Completed Form To:

University of Dubuque Soccer

Attn: Karla Weber (Athletics)

2000 University Avenue

Dubuque, IA 52001

\$60: Please make checks available to University of Dubuque Men's Soccer

Call or Email: Brad Johnson

Phone: 563-589-3692

Email: bjohnson@dbq.edu

\_\_\_\_\_ T-Shirt Size (S, M, L, XL)

\_\_\_\_\_ Total Enclosed (\$60)

<u>Position</u>	
GK	<input type="checkbox"/>
Defender	<input type="checkbox"/>
Midfielder	<input type="checkbox"/>
Forward	<input type="checkbox"/>

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Insurance: \_\_\_\_\_

Any other concerns which the camp director, coaches, or medical staff should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Parent Name: \_\_\_\_\_

(Please Print)

Parent/Signature: \_\_\_\_\_

(Required)

Emergency Contact: \_\_\_\_\_