

RELEASE OF LIABILITY, MEDICAL AND MEDIA AUTHORIZATION

Camper _____ (Please print full legal name)
Birth Date _____ <input type="checkbox"/> M <input type="checkbox"/> F
Sport _____ Starting Session Dates _____

In consideration of being permitted to participate in The University of Iowa Sports Camps program, I hereby release the Board of Regents, State of Iowa; The University of Iowa Sports Camps Program; State of Iowa; and The University of Iowa, their employees, volunteers, or agents from any and all liability or claims relating to any bodily injury or property damage that may be sustained by the camper while attending The University of Iowa Sports Camp and during transportation to and from the Camp. The University of Iowa will only be responsible for bodily injury or property damage that results from the negligent acts or omissions of The University of Iowa, its employees, volunteers, or agents in conjunction with this program.

I hereby authorize and give my consent to the staff of the Camp to act on my behalf to secure medical treatment for the administration of all emergency medical, emergency surgical, and non-emergency medical treatment that may be necessary in connection with the camper's participation in the University of Iowa Sports Camp Program. I understand that if medical treatment is necessary, an attempt will be made to contact me. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

I agree to assume all costs related to such treatment. I understand that I will be solely responsible for any medical or other charges in connection with attendance at this Camp. Such charges include, but are not limited to, deductibles, co-pays, co-insurance, out of network, out of state restrictions and any and all costs not covered by health insurance. I authorize the disclosure of medical information to the insurance company listed below for the purpose of any claim. (Each camper must provide his/her own health insurance.)

I hereby give my consent to use the likeness and/or name/identity of the above named camper for purposes of promotional materials or any other type of media produced and/or published by The University of Iowa to promote or publicize The University of Iowa or The University of Iowa Sports Camps Program.

X _____
Parent/Guardian Signature Date

X _____
Camper Signature Date

Name _____
Parent/Guardian (print/type)

Address _____

City _____ Insurance Company _____

State _____ ZIP _____ Insurance Co. Address _____

Emergency Phone _____

Cell Phone _____ Policy No. _____

Date _____ Policy Holder _____

Emergency Contact Name _____