

Volleyball TEAM Camp 2014 –

(Each player must provide a copy of this form at check in)

Volleyball Insurance and Liability Waiver:

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₁₇ I understand that I am required to have accidental medical coverage for the child listed on this waiver, and I verify that the information provided on this form is accurate and true.

³⁵
₁₇ I understand and agree that if I do not have accidental medical coverage for the child listed on this waiver, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.

³⁵
₁₇ In case of an injury, I authorize the staff of Utah State University to render first aid.

³⁵
₁₇ I understand that at the discretion of the camp supervisor and staff my child may be dismissed from the camps without refund for inappropriate behavior.

³⁵
₁₇ I understand that at the conclusion of the scheduled camp time the program and staff are no longer responsible for my child.

³⁵
₁₇ I give permission to use, reprint and produce any photographs or videos taken of me or my child and written materials supplied by me or my child in the form of evaluation during the youth sports program.

³⁵
₁₇ I hereby authorize the USU Volleyball Team Camp 2014 staff to act for me in case an emergency and waive and release USU Volleyball Team Camp 2014 coaches, clinicians and Utah State employees and staff from any and all liability and for any injuries and illness occurred while at camp:

Parent/Guardian Signature

Insurance Company

Policy Number

Emergency Contact Phone Number

Emergency Contact

(Ok to duplicate as needed)