

## Mississippi State University Athletics Sports Camps- Required Forms

### General Information

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade in \_\_\_\_\_ '23-'24

Name of Parents or Guardians \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_

Emergency Telephone No. \_\_\_\_\_

### ASSUMPTION OF RISK AND RELEASE OF LEGAL RIGHTS

I hereby give permission for the Camper named above to attend and participate in the Mississippi State University (MSU) \_\_\_\_\_ Camp (Program). I understand that there are inherent risks and hazards associated with Camper's participation in the Program, including risks that can result in loss, damage, injury or death, including without limitation, due to activities related to participation in the Program. Such risks include, without limitation, injuries related to participation in normal camp activities such as falls, collisions, concussions, head injuries, cuts, bruises, sprains/strains, broken bones, cardiovascular events, neck/spinal injuries, heart attacks, and other risks inherent in any strenuous athletic related activities; environmental risks such as weather, lightning, heat or cold, bites, stings, allergic reactions, dehydration, drowning, sunburn, and encounters with animals; risks associated with others involved in the camp such a transmitted illnesses or actions of others; equipment risks, including failure, misuse, or other inherent risks associated with equipment that may be used as part of the Program. I acknowledge that I understand the risks associated with participation in the Program and hereby voluntarily agree and consent to allow the Camper to participate fully in all camp activities. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by Camper as a result of Camper's participation in the Program or while in, on, or upon the premises of where the Program is being conducted or while in transit to or from.

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In consideration for the right of the Camper to participate in this Program, I, on behalf of Camper, myself, and Camper's heirs, assigns, and personal representative(s) hereby **covenant not to sue and further release, waive and discharge** MSU, the Board of Trustees of State Institutions of Higher Learning, and their trustees, officers, agents, contractors, employees and volunteers from any and all liability, claims, demands, causes of action arising out of or related to any loss, damage or injury, including death, sustained by Camper or Camper's property arising out of Camper's participation in the Program, whether caused by the negligence of or breach of any expressed or implied contract by MSU.

I understand and agree that it is my sole responsibility to consult with a medical professional prior to my child/dependent participating in the Program. I warrant the physical fitness of my child/dependent in the Program. If at any time it is necessary for my child/dependent to receive medical attention, I hereby give my consent to MSU to secure those services and arrange transportation if deemed necessary. I further understand and agree that MSU and its employees, agents, contractors and volunteers do not accept responsibility or liability for providing health care services or health care insurance for those participating in the Program. I agree to be fully responsible for payment of any fees and charges that may be imposed by a physician, hospital, ambulance service, or other health care provider in the provision of care to my child/dependent. I agree to indemnify and hold Mississippi State University harmless from any claim that may be made by a health care provider of said fees and charges incurred in the provision of medical care to my child/dependent.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read this document, I understand it, I sign it voluntarily, and no oral or written representations or statements of inducements, apart from the foregoing written agreement, have been made.

Parent or Legal Guardian (Please Print) \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Medical/Health Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

**Does the applicant have any history of a physical or medical condition which may affect his/her ability to participate in the full activities of the Camp?**

If yes, please list: \_\_\_\_\_

Is applicant taking any medications? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

