

MARK HAWALD'S WRESTLING CAMPS RELEASE FORM AND MEDICAL INFORMATION

UNIVERSITY OF MOUNT UNION

RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT (Minor Participant)

Name of Event or Program: University of Mount Union Mark Hawald's Wrestling Camp (the Program")

The undersigned who are the parent(s)/guardian(s) having care and custody of _____ (**type or print name of minor participant**) (the "Participant"), a minor, for themselves and on behalf of the Participant and the Participant's representatives, assigns, heirs, executors and administrators, fully release, and discharge the University of Mount Union, its employees, staff, officers, agents, and trustees (collectively the "University") from any and all claims, demands, rights, and actions, including attorneys' fees and court costs, on account of personal injury to others or to Participant which may arise out of the Participant's involvement in the Program and/or Participant's access to, use of, or participation with the transportation offered by the University and/or the Program Operator (the "Program Operator"). The undersigned, for themselves and on behalf of the Participant, further agree to indemnify and hold the University harmless from and against any and all claims, demands, actions, causes of action, including attorneys' fees and court costs, on account of personal injury to Participant or Participant's death, or damages to personally property or damage or injury to others which may result from Participant's participation in the Program and/or Participant's access to, use of, or participation with the transportation offered by the University or the Program Operator. This waiver, release and indemnity is being given by the undersigned in consideration for the Participant's taking part in the Program and being permitted to enter upon the University's campus and facilities. By signing this document, the undersigned intend to be legally bound by it. This waiver, release, and discharge is intended to be effective as to any and all claims that the undersigned and the Participant may have, or which may accrue against the University, for liability for current and future injuries, damages or losses to the Participant's person or property, whether known, unknown, foreseen, or unforeseen. The undersigned, for themselves and on behalf of Participant, agree to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the undersigned do not know of or suspect to exist at the time of executing this Release.

The undersigned, for themselves and on behalf of the Participant, acknowledge and agree that if they or the Participant files a lawsuit or otherwise presents claims due to injuries or losses resultant, or any way connected with, Participant's participation in the Program and/or Participant's access to, use of or participation with the transportation offered by the University or the Program Operator, such claims shall be immediately dismissed upon the presentation of this Release to the court.

The undersigned understand and acknowledge the significance and consequences of the undersigned's specific intention to release all claims, and the undersigned assume full responsibility for any injuries, damages, or losses that the Participant may incur. The undersigned acknowledge and agree that participation in the Program may involve physical and/or sports-related activities, and that such activities may result in injury to the Participant, and in addition to the foregoing waiver and release, the undersigned hereby expressly waive and release the University from liability for any such injury or injuries.

The undersigned have executed this Release freely and voluntarily. The undersigned have not relied on any inducements, promises, or representations made by the University with respect to the Program. By signing this Release, the undersigned hereby certify that they have been fully advised by their legal counsel with respect to this Release (or having been advised of their right to counsel, knowingly waived their right to counsel). The undersigned have read and understand this Agreement, and by signing below, intend to be legally bound for themselves and on behalf of the Participant.

Date

Participant's Address

Name of Participant

City, State, Zip

Type or Print Name of Parent/Guardian

Phone Number

Parent/Guardian Signature

Participant's Date of Birth

MEDICAL INFORMATION

The undersigned hereby authorize the University to secure emergency medical treatment for the Participant. The space below contains any allergies, required medications, special medical conditions, medical insurance information, and any other pertinent medical information regarding the Participant.

Camper: _____

Allergies: _____

Medications: _____

Special Conditions: _____

Name of Insurance Carrier: _____

Policy Number: _____

Other: _____

In the event of an emergency, please contact the following person:

Name: _____

Daytime Phone Number: _____

Evening Phone Number: _____

The undersigned acknowledge and agree that the University shall have no obligation to contact the above-referenced person in the case of an emergency, but that the University will make reasonable efforts to contact this person in the event of an emergency.

The undersigned certify that the foregoing medical information is correct, and that this consent and information is being voluntarily provided to the University.

Type or Print Name of Parent/Guardian

Parent/Guardian Signature and Date

These forms must be completed and brought to camp check-in along with a copy of medical insurance paperwork