



Assumption of Risk, Release of Liability, and Consent to Medical Treatment

As a condition of my child's participation in the Day One Team Camp at DePauw University, and in consideration for the privileges that come from participation in that camp which may include instruction, use of facilities and equipment, and other services provided by the Day One Basketball Camp, I hereby agree for myself and/or my minor child as follows:

1. I recognize that there are certain risks of harm to me and others associated with my/my child's participation in the Day One Team Camp and camp activities, that there are dangers that cannot be foreseen, that there are risks and dangers that the Day One Team Camp and its agents and employees cannot control, and that such risks and dangers could result in bodily injury or death to me/my child and/or to others.
2. I acknowledge that I do not nor does my child have any medical conditions that would affect my or my child's fitness to participate in camp activities.
3. I agree that if any injury or emergency should occur during camp with respect to me/my child, the Day One Team Camp staff is authorized to take whatever steps are reasonably necessary in their judgment to attend to my/my child's medical needs. I agree to be responsible for any hospital expenses, doctor's bills, or other expenses that may be incurred to attend to my/my child's medical needs.
4. I represent that I have/my child has adequate health insurance to cover the cost of treatment in the event of any injury that I incur/my child incurs during participation in the Day One Team Camp.
5. I agree to assume all risks and responsibility for any and all claims for damages including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity, and property damages which may be incurred by me/my child while engaged in camp activities.
6. I agree to indemnify and hold harmless DePauw University, Super Hoops Plus, Jim Fouts, Day One Team Camp, Bill Fenlon, camp athletic trainers, and their agents and employees from any loss liability, damage, or costs, including court costs and attorney fees, that they may incur due to my participation in the Day One Team Camp, whether caused by my/my child's negligence, the negligence of others, the negligence of DePauw University, and/or the negligence of the Day One Team Camp (excluding the sole negligence of DePauw University).

In signing this release, I acknowledge and represent that I have carefully read the foregoing, that I understand it, and that I sign it voluntarily as my own free act and deed. Please sign the appropriate agreement below. Note that you do not have to sign both.

I am signing this agreement for myself as a Participant (18 years or older)

I represent and acknowledge that I am at least eighteen (18) years of age and that I understand the terms of this agreement. I also acknowledge that this agreement shall bind my heirs and personal representatives.

Signature of Camp Participant

Date

I am signing this agreement on behalf of a Minor Participant

I acknowledge that I am the guardian or parent of the participant who is less than 18 years of age and that I understand the terms of this agreement. This agreement shall be binding upon the participant and the participant's parents, guardians, heirs, and personal representatives.

Signature of Guardian

Date

Insurance Company _____ Policy Number _____

In Case of Emergency, Contact:

Name/Relation _____ Telephone _____

Address _____

Medical Conditions _____

Allergies/Medications _____

Signature of Camp Participant _____ Date _____