

DO NOT RETURN THIS FORM PRIOR TO CAMP – BRING WITH YOU WHEN CHECKING IN

Camp _____ **Camper Name** _____
Date _____

PARENT CONSENT, WAIVER, AND RELEASE FORM

In consideration of the Tar Heel Lacrosse Camp acceptance of _____ as a student enrolled in the camp for the period of dates mentioned above, and in return for the opportunity to participate in this camp:

- 1. Release, Waiver of Liability, and Assumption of Risks:** It is agreed that all risks associated to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the student and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said student and his parents and/or legal guardian as indicated by the signature hereto. Tar Heel Lacrosse Camp LLC and Breschi Lacrosse LLC will be financially responsible for and has insurance that will cover most injuries/accidents occurring during camp, but only as secondary coverage after parent/guardian insurance has paid.

In consideration of honoring my child’s request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge UNC, its Board of Trustees, Joe Breschi, Tar Heel Lacrosse Camps LLC, Breschi Lacrosse LLC, administrators, faculty members, employees, agents, and students from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from or in connection with this activity. The camper understands that this Release discharges the university from any liability or claim that the Participant may have against the University, Tar Heel Lacrosse Camps LLC, and Breschi Lacrosse LLC with respect to bodily injury, personal injury, illness, death, property loss, or property damage that may result from participation in this activity. Participant understands and acknowledges that potential risk to health and personal property may be associated with participation in camp and the participation voluntarily assumes those risks.

- 2. Medical Treatment and Pre-existing Medical Conditions:** I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed by UNC to administer outpatient medical, surgical, or dental services appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated.
- 3. NCAA Compliance:** By signing below, Participant acknowledges that they have not knowingly participated in or become aware of any violation(s) of NCAA rules involving the University or individuals affiliated with or acting on behalf of the University. Participant’s signature below also indicates Participant’s agreement to immediately disclose to the Department of Athletics Compliance Office any NCAA rules violation(s) of which Participant becomes aware.
- 4. Other:** This release shall be binding and legally enforceable against Participant and Participant’s heirs, executors, administrators, and legal representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provisions shall not otherwise affect the remaining provisions of this Release.

I HAVE CAREFULLY READ THIS RELEASE.

Name of Participant _____ Signature of Participant _____ Date _____

Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

MEDICAL INFORMATION

Medical Insurance Company _____

Address _____ City _____ State _____ Zip _____

Phone _____

Group Number _____ ID# _____

Medical History (if pertinent): _____

Allergies, present medications, special considerations: _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION (for medical treatment consent)

Name	Relationship	Phone

EMERGENCY ROOM/URGENT CARE TREATMENT

I hereby grant permission for my child _____ to receive immediate medical treatment, if necessary, by a local Urgent Care Facility OR Emergency Department. I will be contacted by the Tar Heel Lacrosse Athletic Training Staff and/or Coach Breschi in regards to the necessary treatment of my son if I am not locally present. Confirmation of consent to treat will be made by the appropriate facility.

Parent’s Name _____ Parent’s Signature _____ Date _____

DOCTOR’S RELEASE

I hereby certify that the above named camper is physically able to participate in the Tar Heel Lacrosse Camp, and that I know of no physical impairments which would in any many limit his participation.

Any limitations to full participation (recent injury, surgery, etc): _____

Doctor’s Name _____ Doctor’s Signature _____ Date _____

Doctor’s Phone _____ Doctor’s Address _____