

RELEASE OF LIABILITY

Camper's Name _____

In consideration of OSU Soccer Camps Inc. and granting the camper permission to participate, I hereby state that Oklahoma State University and OSU Soccer Camps Inc. is not responsible for any pre-existing injury, recurrence of any undisclosed pre-existing injury or illness of the above camper. Oklahoma State University and OSU Soccer Camps Inc. are not responsible for any injury or illness that occurs during the duration of camp. (INITIALS).

I further acknowledge and release the Oklahoma State Board of Regents, Oklahoma State University, OSU Soccer Camps Inc., and their officers, employees, contractors, agents, all instructors and all participants in said soccer camp, from liability, including claims and suits at law or in equity, for injury which may result from the camper taking part in the OSU Soccer Camps Inc. (INITIALS).

I, as a parent or legal guardian, acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury. Further, that there may be other risks not known or not reasonably foreseen at this time.

I understand an inherent risk of exposure to COVID-19 exists in any place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By participating in the camp, I voluntarily assume all risks related to exposure to COVID-19. (INITIALS).

I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. I release, waive, discharge and covenant not to bring legal action upon the Oklahoma State University Board of Regents, Oklahoma State University, and OSU Soccer Camps Inc., their officers, employees, contractors, agents, all instructors, all participants and anyone associated with its operation. (INITIALS)

Signature of Parent or Guardian _____ Date _____

PLEASE CHECK ONE:

_____ *Spring Break Camp*

_____ *Summer ID Camp- June*

_____ *Summer ID Camp-July*

_____ *Summer Day Camp*

_____ *Community Camp*

_____ *Fall Day Camp*

_____ *Winter Day Camp*

_____ *Winter ID Camp*





HEALTH HISTORY & INFORMATION

Name: _____ Age: _____
Home Address: _____
City, State, ZIP: _____
Phone () _____ Cell Phone () _____
Emergency Contacts: Parent/Guardian _____

Health History:

Diabetes Heart defect/murmur Asthma Bleeding Disorder
 Surgery (past 2 years) Sickle-Cell

Have you tested positive for COVID-19? _____ If yes, date _____

Do you have any injury or illness that bothers you in any way? _____

Medications – type, dose and frequency of use _____

Allergies (Both Drug & Seasonal) - _____

Insurance Carrier _____ Policy/Group Number _____

Insurance Holder SSN _____

AUTHORIZATION FOR TREATMENT: I hereby give permission to the athletic trainers/physicians selected by the OSU camp sponsors to order X-rays, lab test and provide treatment for my child as named above while attending the camp named above. In the event I cannot be reached for an emergency, I hereby give permission to the athletic trainer/physician selected by the OSU camp sponsors to secure and administer such treatment(s) as may be necessary, including hospitalization for my child while attending camp.

Signature of Parent/Guardian

Date

