

PARENTAL CONSENT FORM

Camper's Name _____ Date of Birth _____

Physician's Name _____ Date of Last Tetanus _____

Any Known Allergies _____ Medications Camper will bring _____

Family Medical Insurance Co. _____ Policy No. _____

Insured's Place of Employment _____

Consenting to Medical Treatment and Release of Liability – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in this Camp, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. For myself and on behalf of my heirs assigns, personal representatives and next of kin, I hereby release and hold harmless the Johnny Dawkins Basketball Camp, University of Central Florida, the Board of Regents of the State of Florida, the State of Florida, the UCFAA, any of the officers, servants, agents, or employees, and if applicable, owners and lessors of premises used to conduct this camp (releases) with RESPECT TO ANY AND ALL PERSONAL INJURY AND BODY INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE THAT MAY BE SUSTAINED BY MY CHILD/LEGAL WARD, WHILE IN, ON OR UPON THE PREMISES WHERE THE CAMP ACTIVITIES ARE BEING CONDUCTED; and,
2. I, as parent/guardian with legal responsibility for this camp participant, do consent and agree to release as listed above all the releases for myself, my heirs, assigns, and next to kin, and agree to participation in these programs EVENT IF ARISING FROM THEIR NEGLIGENCE.

3. I further AGREE TO IDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my child's participation in camp activities whether caused by negligence if released or otherwise.
4. I/we, the undersigned, hereby certify that I/we, am/are the parent or legal guardian of the camper named below. I/we hereby give permission for the staff of this camp to administer during the period of the camp appropriate medical attention to my child in the event of accident, illness, or injury. I/we will be responsible for any and all costs of medical coverage and treatment provided to the camper which are not paid by this camp's excess policy after all other available personal insurance has paid or declined payment.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent's/Guardian's Signature _____ Date _____

PHYSICIAN'S CONSENT

You may provide a copy of a recent physical signed by a physician dated after May 2016 in place of this form

I hereby certify that camper: _____ has no restrictions which would prevent him/her from active and full participation in any and all activities related to the camp.

Physician's Printed Name _____

Physician's Signature _____ Date _____

THIS FORM IS REQUIRED FOR PARTICIPATION!

Johnny Dawkins Basketball

2017 Basketball Camps