



ASSUMPTION OF RISK, LIABILITY WAIVER, & RELEASE

In consideration of being permitted to participate in: _____
(Name of Camp)

On, _____.
(Date of Camp)

I hereby acknowledge that I have voluntarily and freely elected to participate in this camp. I understand and agree that Missouri Western State University and/or its representatives assume no liability in the event of accident or illness, nor for damage or injury to person or property of any nature whatsoever from my participation in this camp. Missouri Western State University shall not be responsible to any person for my acts or omissions.

I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my participation in the camp, including the possible risk of severe or fatal injury to myself or others. In participating in this camp, I voluntarily and freely assume all risk of accident, injury, or illness and damage to/loss of property. These risks include but are not limited to the following:

- a) the risks associated with travel to and from location(s) to be visited during the camp, including transportation provided by commercial, private and/or public motor vehicles;
- b) the possibility of bodily injury including broken bones, soft tissue damage, emotional distress, and even death incurred while transporting to, or participating in the camp;
- c) the risks associated with returning to my residence after the camp.

I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Missouri Western State University, its Board of Governors, officers, employees students, and agents and indemnify them from liability for any and all claims resulting from personal injury, accidents or illnesses (including death), and property damage or destruction arising from, but not limited to, participation in the camp including injuries sustained as a result of the negligence of the University.

I understand that Missouri Western State University encourages individuals to check their personal liability insurance, personal vehicle insurance, and medical coverage to make sure they are covered for any camps and activities they participate in.

By my signature below, I affirm I have carefully read this Assumption of Risk, Liability Waiver, and Release and freely agree to the conditions stated herein.

Emergency Contact:

Camper Name (printed)

Name

Camper Signature

Address

Signature of Parent if Camper is Under Age 18

Telephone



Missouri Western Camps and Clinics
FULL ACCEPTANCE OF RISK

Participation in **Missouri Western Camps and Clinics** requires an acceptance of risk of injury. Participation in your camp could result in serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury or impairment to other aspects of your body, general health and well-being, and even death. Minor and moderate injuries are very common in athletics. Minor and moderate injuries in athletics include (but are not limited to) sprains, strains, contusions, abrasions, and lacerations. However minor or severe an injury, you **must** report all injuries to the athletic trainer on site for proper evaluation, treatment and possible referral to a physician. Failure to comply will place the entire outcome of the injury in your own hands.

Because of the dangers of participating in sports, I recognize the importance of following the instructions of the athletic department personnel regarding playing techniques, training, rules of the team/sport, equipment, and to obey such rules. I also acknowledge that some sports are classified as violent contact sports involving even greater risk of injury than other sports.

I have read the preceding and certify that I am physically fit to participate in **Missouri Western Camps and Clinics**. I fully KNOW, UNDERSTAND, and APPRECIATE the risks inherent in this/these sport(s), and I VOLUNTARILY participate in this activity. I hereby release all Missouri Western State University staff, coaches, athletic trainers on site, and school employees for negligence resulting in injury and liability for any injury I sustain while participating in this camp/clinic.

Name of Camper (please print)

Signature of Camper

Date

Date of Birth of Camper

Signature of Parent/Legal Guardian (If under 18 Years of age)



MWSU CAMP AND CLINIC INSURANCE INFORMATION

Camp Attending: _____

Date of Camp: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age (day of camp): _____ Grade (Fall 2023): _____

I hereby request permission for the above-named camper to participate in the Missouri Western State University Camp and Clinic. I represent and warrant to you that the camper is physically and mentally able to participate. I hereby authorize the staff of the Missouri Western State University Camp and Clinic to act for me according to their best judgment in any emergency situation requiring medical attention and I hereby waive and release the camp from any and/or all liability for any injuries or illness incurred while at the camp or in transportation to a medical facility, except for injury directly resulting from gross negligence or willful misconduct. I have no knowledge of any physical impairment that would be affected by the above-named camper's participation in the camp program.

The Camper is covered by our medical plan through the following company:

Company name: _____

Policy #: _____

Parent Name: _____

Home Phone: _____ Work Phone: _____

Camper Signature

Signature of Parent/Legal Guardian (If under 18 Years of age)



Missouri Western Camps and Clinics

MEDICAL CONSENT – TREATMENT AND RELEASE

I hereby grant permission to MWSU and athletic trainer on site to perform any treatment or medical care deemed reasonably necessary. This includes preventive care, first aid, and emergency treatment. Also, if deemed necessary, I grant permission for hospitalization.

Name of Camper (please print)

Signature of Camper

Date

Date of Birth of Camper

Signature of Parent/Legal Guardian (If under 18 Years of age)



Missouri Western Camps and Clinics

MEDIA RELEASE

I/we, the undersigned, do hereby authorize and give to university, its employees, designees, agents, and all persons or entities for or through whom University is acting, permission and the absolute right to take, publish, use, edit, reproduce, distribute and other similar activity Camper's/child's likeness and/or voice regardless of the medium used, to specifically include but not limited to, photographic, video, audio, digital or other electronic medium. I/we understand that this information may be used for any lawful purpose to include artistic works, promotional or advertising efforts, publicity or recruitment and by signing this document expressly authorize such use. I agree that any reproduction of my likeness becomes the exclusive property of the University.

I/we understand and agree that I shall not be notified when any reproduction of my likeness, regardless of form, is used, nor will I/we be given the opportunity to view or approve of the reproduction prior to its publication. I/we further understand and agree that there will be no remuneration or compensation provided for any use of Camper's/child's likeness, and I hereby waive any rights to royalties or other compensation arising from any use of Camper's/child/s likeness by the University.

I/we release and agree to hold harmless the University, its employees, designees, agents, and all persons or entities for or through whom the University is acting, from any liability in connection of taking, storing or using any reproduction of Camper's/child's likeness regardless of medium. I/we have read and fully understand the terms of this photographic consent and release form.

Name of Camper (please print)

Signature of Camper

Date

Signature of Parent/Legal Guardian (If under 18 Years of age)