Exhibit F.1

ATHLETIC SPORT CAMP

WAIVER AND CONSENT FORM

I certify that I am the parent or legal guardian of _____ (name of camper).

I give camp staff permission to seek and authorize appropriate medical treatment for my child if they are injured or become ill during camp. I agree to pay all costs associated with this medical care and treatment.

I understand that _____ (sport) is an active, physical sport and that injuries can happen during participation. I also acknowledge that because there are more campers than staff, my child will not receive individualized supervision at all times. I confirm that my child is physically and mentally fit to participate in all camp activities, including practices and games.

I understand that _____ is a privately run camp and is not operated, sponsored, controlled, or supervised by the University of Nebraska at Omaha or Omaha Athletics. It is solely run and supervised by the Camp Director, _____.

I waive, release, and forever discharge _____ (Camp Director), "_____", the University of Nebraska at Omaha, and all of their staff, officers, agents, employees, and representatives from any liability, claims, or demands related to any loss, personal injury, or property damage that happens during camp activities or while my child is at camp.

I allow "_____" to take photos of my child during camp activities for advertising and publicity purposes. I understand my child's identity will be kept anonymous in any marketing materials.

My signature below confirms that the information I have provided is true and that I have read, understood, and agreed to all statements on this entire form and any other required camp forms.

X _____
Parent/Guardian Signature

_____
Printed Name

_____
Date

X _____
Parent/Guardian Signature

_____
Printed Name

_____
Date

Emergency Contact Information

Home Phone #: ( ) _____
Cell Phone #: ( ) _____
Contact Name: _____

Work Phone #: ( ) _____
Emergency Phone #: ( ) _____
Contact Name: _____

***Special instructions regarding the care of your child while at camp:**

_____

_____

Insurance Information

Insurance Company Name: _____
Policy #: _____
Policy Holder's Name: _____

Group #: _____
Relationship to Camper: _____

****PLEASE SEND MEDICAL AND CONSENT FORMS TO:** _____ **(address of camp)**

Please print and turn in upon camp check in.