

WAIVER RELEASE FORM

Carolina Women’s Lacrosse Camp, Inc PO Box 2804 - Chapel Hill, NC 27515

All Participants must have their own insurance coverage. Participants will not be allowed to participate unless the following information is submitted and form signed by the parent/ legal guardian of the Participant if under 18. **EVENT ATTENDING:**_____

Participant Name: _____ Birthdate: _____ Graduation Year: _____

Address: _____ City _____ St _____ Zip _____ Phone: _____

Email: _____ School: _____ Club: _____

Emergency Contact: _____ Phone: _____

Participant Insurance Company: _____ Policy # _____ Policy Holder _____

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant if under 18. I hereby give permission for the staff of Carolina Women’s Lacrosse Camp, Inc to seek during the period of the Camp appropriate medical attention for the Participant and for the medical attention to be given, and for the Participant to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all cost of medical attention and treatment, except for that covered by Carolina Women’s Lacrosse Camp, Inc excess medical cover-age policy after your policy is utilized. **No University Sponsorship:** I, the undersigned, hereby acknowledge and understand that Carolina Women’s Lacrosse Camp, Inc is a privately run sports camp and is not operated by or through the University of North Carolina at Chapel Hill. The Camp is neither sponsored, controlled, nor supervised by the University of North Carolina at Chapel Hill, but rather is under the sole sponsorship, control and supervision of the Camp Director, Jenny Slingluff Levy.

I, the undersigned, for ourselves, our heirs, our executors and administrators, waive, release and forever discharge the University of North Carolina at Chapel Hill, satellite locations and the Camp, its staff, officers, agents, employees, representatives, successors and assigns from any liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur watching or during participation in Camp activities or while at Camp.

I also attest that my daughter has had a physical examination in the past 12 months and has been cleared to participate in athletic activities without any restrictions. This physical is on file at her high school or at our home.

CAMP RELEASE AND NCAA COMPLIANCE ATTESTATION: For Participation in Activity in University Department of Athletics Facilities. For the purposes of this document, herein after referred to as “Release,” the party intending to participate (or her parent/guardian) in the activity in University facilities shall hereafter be referred to as “Participant.” The University of North Carolina at Chapel Hill, and its trustees, officers, employees and agents, acting within the course and scope of their duties, shall hereafter be referred to as “University.” The activity in the University facilities that the Participant will participate in shall hereafter be referred to as the “Activity.”

1. Release, Waiver of Liability, and Assumption of Risk: In consideration of the opportunity afforded Participant to participate in the Activity in the University’s facilities, Participant hereby releases and forever discharges the University 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 the Activity. Participant understands that this Release discharges the University from any liability or claim that Participant may have against the University with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from participation in the Activity. Participant understands and acknowledges that potential risks to health and personal property may be associated with participation in the Activity, and Participant voluntarily assumes those risks.

2. Medical Treatment and Preexisting Medical Conditions: Participant hereby releases and forever discharges the University from any liabilities, claims, costs and damages that arise or may hereafter arise on account of any first aid, medical treatment, or service rendered to Participant in connection with the Activity. Participant will take for herself any appropriate precautions or medications to treat and/or reduce the likelihood of exacerbating any pre-existing health conditions, or insect, food or medication allergies. Participant also hereby gives permission for the staff of the Activity to seek during the period of the Activity appropriate medical attention for the Participant in the event of accident, injury, or illness. Participant will be responsible for any and all costs of medical attention and treatment, except for that covered by the Activity’s excess medical coverage policy.

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 provision shall not otherwise affect the remaining provisions of this Release.

•All Facility Users are expected to comply with all NCAA rules and Department of Athletics policies at all times. Should an individual ever have a question about any NCAA rule(s), they are expected to contact the Department of Athletics Compliance Office immediately. All Facility Users are expected to promptly notify the Department of Athletics Compliance Office should they become aware of any suspected violation of any law, NCAA rule, UNC or Department of Athletics policy, or any other regulation or legislation.

I HAVE CAREFULLY READ THIS WAIVER RELEASE AND UNDERSTAND THE ABOVE TERMS AND CONSENT TO ABIDE BY THEM.

Print Name of Participant (Or Parent/ Guardian if Participant under 18)

Signature of Participant (Or Parent/Guardian if Participant Under 18) Date

MEDICAL RELEASE FORM Carolina Lacrosse Camps

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| 1. | Have you had an illness or injury since your last check-up or sports physical? | Yes | No |
| 2. | Are you currently taking any prescription medications or using an inhaler? | Yes | No |
| 3. | Do you have any allergies to any food, pollen, medicine, or insects? | Yes | No |
| 4. | Have you been told you have a heart murmur? | Yes | No |
| 5. | Has a physician ever denied your participation in sports for any heart problems? | Yes | No |
| 6. | Have you ever had a head injury or concussion? | Yes | No |
| 7. | Have you ever had a seizure? | Yes | No |
| 8. | Do you have frequent or severe headaches/migraines? | Yes | No |
| 9. | Do you have asthma? | Yes | No |
| 10. | Do you wear glasses, contacts or protective eyewear? | Yes | No |
| 11. | Do you have diabetes? | Yes | No |

*Please explain all questions to which you have answered YES _____

Please provide the date of your most recent immunization shot for:

Tetanus: _____

I hereby state that to the best of my knowledge, my answers to the above questions are complete and that my daughter has had a physical examination in the past 12 months and has been cleared to participate in athletic activities without any restrictions. This physical is on file at her high school or at our home.

Print Name Parent/Guardian _____

Signature Parent/Guardian: _____

Date: _____