



# SUU ALTITUDE CAMP

## PROOF OF INSURANCE FORM AND PERMISSION FORM

It is Mandatory that all athletes carry their own medical insurance. Insurance form must be signed. Please fill out the appropriate information and have a parent or guardian sign below validating proof of camper/coach's personal coverage.

Name of insurance Company

\_\_\_\_\_

Policy number: \_\_\_\_\_

Print name: \_\_\_\_\_

Sign name: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT:** PLEASE READ SIGN AND MAIL OR FAX BACK TO COACH HOULE

## CAMP MEDICAL RELEASE FORM

Realizing that through this application, the activity for which I am engaging involves a certain amount of risk to me/my child, I hereby agree to assume all such risk or loss, damage or injury to the person and property of my child and to release and indemnify Southern Utah High Altitude Camp, Southern Utah University and its agents and employees, from any and all such claims from loss, damage or injury sustained by me/my child while engaging in such activity. Campers must provide proof of their own insurance. Without a copy of your insurance, your son or daughter may not be permitted to participate in any athletic activities. You may fax, email, or mail a copy of your insurance policy / card to us.

I also understand Southern Utah High Altitude Camp retains the right to use any photographs, videos, or other advertising for legitimate purposes. Signing below implies that I have read and understand this disclaimer.

Parents/Guardian (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** PLEASE READ SIGN AND MAIL OR FAX BACK TO COACH HOULE.