



SUU HIGH ALTITUDE CAMP

ATHLETE PACKET

PROOF OF INSURANCE

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

Name of Insurance company: _____

Policy number: _____

Print name: _____

Signature: _____ Date: _____

ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

As the parent and/or legal guardian of the athlete named here:

_____, it is understood that playing and/or participating in any sport can be a dangerous activity involving many risks of injury. It is understood that the dangers involved in running may result in injury. The following activities are engaged in at the Southern Utah University High Altitude Camp and each athlete and/or coach may be involved in any combination of these activities— These activities may include but are not limited to: running, hiking, stretching, transportation by vehicle, biking, swimming, volleyball, climbing, eating, and more. I fully understand that each of these activities also have certain inherent risks— By signing any form, the coach and/or athlete and/or parent and/or legal guardian hereby assumes all risks associated with participation and agrees to hold Southern Utah University, the SUU High Altitude Camp, and all agents, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and release and assumption of risk for

your heirs, estate, executor, administrator, assignees and for all members of the family. Additionally, I authorize Southern Utah University or SUU High Altitude Camp to secure from any licensed hospital, physician and/or medical personnel whatever treatment is deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. Moreover, by the parent or coach or athlete signing this form,

you are agreeing to abide by all camp rules and reasonable authority of the camp's staff and that the athlete and/or coach has been deemed physically able to participate in running and/or recreational activities by a Doctor/Physician. **Initial**_____

IMPORTANT: PLEASE READ AND SIGN, MAIL AND/OR FAX DOCUMENTS BACK TO COACH HOULE.

MEDICAL RELEASE

Realizing that through this application, the activity for which I am engaging involves a certain amount of risk to me and/or 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 University, Southern Utah High Altitude Camp, and its agents, employees, and volunteers, from any and all such claims from loss, damage or injury sustained by me and/or my child while engaging in such activity. Campers must provide proof of their own insurance by the start of camp. Without a copy of your insurance, your child or athlete or coach may not be permitted to participate in any athletic activities. You may fax, email, or mail a copy of your insurance policy and insurance card to us. I authorize Southern Utah University or SUU High Altitude Camp to secure from any licensed hospital, physician and/or medical personnel whatever treatment is deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. **Initial**_____

A medical staff member will be present at the Southern Utah High Altitude Camp In the event of an injury to the athlete and/or coach– I hereby authorize the directors and medical personnel of Southern Utah University to act on my behalf, according to their best judgment while attempting to contact the parent(s)/guardian(s). I have no knowledge of any physical and/or mental impairment which may affect this child's ability to safely participate in this camp. **Initial**_____

Is your child currently taking any medication? YES / NO

If yes, please list the medication, dosage amount, and when medication will be taken.

All medications will be monitored by camp Counselor: _____

Does your child have any food allergies? YES / NO

Please describe any special needs or considerations that your child might have:

Parent/Guardian (Please print):_____

Signature: _____ Date: _____

IMPORTANT: PLEASE READ AND SIGN, MAIL AND/OR FAX DOCUMENTS BACK TO COACH HOULE.

EMERGENCY RELEASE AND PERMISSION

Please read this form carefully and be aware that in registering your child for participation in these Programs or camp, you will be waiving and releasing all claims for injuries which either you or your child may sustain arising out of participation in these Programs or camp. As a result of participation in these Programs or camp, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries (including death), damages and/or losses which either me or my child may sustain as a result of participating in any and all activities connected with or associated with such Programs or camps. I agree to waive and relinquish any and all claims which either me or my child may have against the SUU Altitude Camp or Southern Utah University, and their officers, staff, volunteers, and employees, as a result of participation in the above Programs or camp.

I do hereby fully release and discharge the SUU High Altitude Camp or Southern Utah University, and their officers, staff, volunteers, and employees from any and all claims resulting from injuries (including death), damages and/or losses sustained by either me or my child which may arise from, are connected with, or are in any way associated with the activities of these Programs or camp. Signing and/or initialing implies that I have fully read and understand this form. **Initial** _____

Coaches sign as their own self-guardian.

Parent/Guardian (Please print): _____

Signature: _____ **Date:** _____

Athlete/Coach: _____ **Date:** _____

Emergency Contact: _____

Name: _____ **Phone:** _____ **Other Phone:** _____

IMPORTANT: PLEASE READ AND SIGN, MAIL AND/OR FAX DOCUMENTS BACK TO COACH HOULE. All forms: Registration, Proof of Insurance, Assumption of Risk, Agreement to Hold Harmless, Emergency Release, and Permission forms must be **COMPLETED AND SIGNED.**

ATTENTION:

Coach Houle

Southern Utah University

XC/Track & Field Offices

Cedar City, Utah 84720

Fax: 435.586.5444

EMAIL: houle@suu.edu and/or info@altitudecamp.com