

Southern Oregon Team Football Camp

Southern Oregon University

June 21-24, 2018

PLAYER REGISTRATION FORM

Please Print

Name of Camper: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: () _____ Date of Birth: _____

Email: _____ Gender: _____

School Attending: _____ Grade: _____

OFF POS: _____ DEF POS: _____ HT: _____ WT: _____

T-Shirt Size _____ Emergency Contact / Phone: _____

Resident

- Individual Full Payment \$230.00
 Team Payment – Payment given to High School Head Coach

Medical Form

Name: _____ DOB: _____

School: _____

Address: _____

Parent/Guardian: _____

Parent/Guardian Home Phone: _____

Parent/Guardian Cell Phone: _____

1. Who would be notified in case of an emergency?
Name: _____
Relationship: _____
Phone: _____
2. Participant's environmental or medical allergies that we should know about?
3. Participant's medical alerts that we should know about (i.e. diabetics)?
4. Participant taking any medications at this time? If so, for what reason?
5. Has the Participant had any recent illnesses or injuries (Yes / No). If yes, please describe.
6. Participant's medical insurance information:
Company: _____ Policy # _____
Company Address: _____ ID# _____

I hereby authorize the staff of Southern Oregon University to act for me according to their best judgment in any emergencies requiring medical attention. I also hereby waive and release Southern Oregon University and the staff of Southern Oregon University from any and all liability for any injuries sustained while at the camp. I have no knowledge of any physical impairment that would affect my participation in the camp.

If under 18 Parent or Guardian must sign on behalf of participant

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

SOUTHERN OREGON UNIVERSITY
Assumption of Risk, Release,
Indemnification and Participation Agreement

Parties & Consideration

I, _____ (print your name),

a student at Southern Oregon University (SOU) _____ (print your student id#)

or

a member of the general public and am eighteen (18) years of age or older

In consideration for being permitted to participate in the Activity, I hereby agree and warrant that:

Statement and Assumption of Risk

Participation in the Activity can be hazardous to my health. I understand that I have an increased chance of suffering personal injury, including but not limited to bodily harm, permanent disability, dismemberment, and/or death by participating in the Activity. Injuries that I might incur include, but are not limited to the following: flesh wounds, muscular-skeletal injuries, cosmetic injuries, permanent disabilities and other injuries including death and or dismemberment. I understand that traveling to and from the Activity site may present additional risk of serious injury or death, and agree to comply with Activity requirements for the use of seatbelts by vehicle passengers during travel.

I voluntarily undertake the Activity and agree to accept all risk associated with my participation in this Activity.

Release of Liability and Indemnification Statement

I understand that there are unavoidable risks involved with participation in this Activity, and I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify and hold harmless and release and forever discharge the State of Oregon, the Oregon Board of Higher Education, the Oregon University System, SOU, and their officers, employees, agents, and representatives, from any and all liability and all claims and causes of action whatsoever for any damages to or loss of property, personal illness, or injury (including death) caused by, deriving from, or associated with my participation in the Activity.

Statement of Health

I certify that I have neither a condition nor circumstance, such as medication, that would prevent me from participating in this Activity. If I have a question concerning my specific situation, I may ask an organizer to clarify the Activity, but ultimately the decision to participate is mine.

Statement of Insurance

I am aware that the State of Oregon does not provide medical insurance coverage for participation in the Activity and therefore take full responsibility for procuring my personal insurance. If I do not have insurance, I accept full, sole and exclusive financial responsibility for the cost associated with any injury or illness.

Furthermore

- I understand that SOU may not have a representative(s) or agent(s) present at this Activity and the Activity may be solely student-operated.

- I agree to abide by the policies of SOU while engaged in the Activity, and, if I am a student, with all the provisions of the Student Code of Conduct. I further agree to comply with all safety rules and procedures presented during the Activity.
- I understand that SOU's authorized representative(s) or agent(s) has authority to revoke my participation in the Activity at any time if, in the judgment of the representative(s) or agent(s), my actions or general behavior are determined to be unacceptable.
- In the event of an injury or death that occurs during my participation in the Activity, I hereby waive my rights of nondisclosure under the Family Educational Rights and Privacy Act, ORS 351.070(4)(e) and any other statutes or rules, and hereby consent to the release of this Agreement to the media, public or any others who inquire.

Choice of Law; Venue Selection

In event of a law suit, I agree that all causes of action will be filed in Multnomah County, Portland, OR and that this Agreement shall be construed in accordance with the laws of the State of Oregon.

Severability

If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

Final Acknowledgment

The forgoing is submitted in consideration of SOU and the department and/or program noted above allowing my participation in this Activity. I confirm that I am over 18 and I execute this document with full knowledge of the contents and consequences stated in this release.

Participant Signature

Signature: _____ Date: _____

Printed Name: _____

Emergency Contact Information

Name: _____ Relationship: _____

City: _____ Day Phone: _____ Evening Phone: _____

Parent or Guardian Indemnification and Release (Complete for participants under the age of 18)

In consideration of _____ (print Minor's name) ("Minor") being permitted by the department and/or program noted above to participate in its Activities or use its equipment and facilities, I further agree to indemnify and hold harmless and release and forever discharge the State of Oregon, the Oregon Board of Higher Education, the Oregon University System, SOU, and their officers, employees, agents, and representatives from any and all claims brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: _____ Date: _____

Print Name: _____