

**CENTRAL WASHINGTON UNIVERSITY  
ASSUMPTION OF RISK AND RELEASE OF CLAIMS**

I hereby acknowledge that I have voluntarily chosen to use the facilities/equipment and participate in the activities and programs of the CWU Athletic Department. These activities include but are not limited to: participation in CWU Men's Basketball Team Camp (hereafter referred to as "the program" or "program activities").

**A. ASSUMPTION OF RISK**

I understand that my participation in the above-described program activities may involve foreseeable as well as unforeseeable risks to my health, safety, or property. I acknowledge that some of the risks of participating in the program include all those risks inherent in or incidental to the program activities described above, including but not limited to: falls, collisions with other participants, cuts/abrasions to face and body, temporary or permanent muscle soreness, physical fatigue, tendonitis, heat-related illnesses, rhabdomyolysis, sprains, ligament or muscle damage/tears, broken bones and/or dislocated appendages, knee injuries, ankle injuries, head or brain injuries, concussion, spinal column or spinal cord injuries, paralysis, heart failure, and other temporary or permanent bodily injuries whether minor or severe, even death. I further acknowledge that the risks of participating in program activities may include exposure to communicable diseases, including but not limited to the COVID-19 coronavirus. I acknowledge and voluntarily assume the risks of participating in the program, including the risks of traveling to or from participation sites.

I further understand and agree that it is my responsibility to abide by university and Athletic Department policies or rules relating to my participation in the program activities. I understand and agree that I am solely responsible for determining my ability to participate in the program and for notifying Athletic Department staff of any medical or other health condition that would limit my ability to participate safely. I understand and agree that CWU and its staff cannot guarantee or ensure my health or safety and that it is my responsibility to obtain any appropriate insurance coverage and to pay any medical or other expenses relating to my participation in the program.

**B. RELEASE OF CLAIMS**

If I am age 18 or over, as a condition of my being permitted to participate in Athletic Department program activities, and for and in consideration of the services provided by CWU through its Athletic Department, I hereby waive and release any claims that I or my estate may have against CWU or its trustees, officers, employees, volunteers, or agents based on any loss, injury (including death), or damage that I may sustain to my person or property (or both) arising from, in connection with, or incidental to my participation in the program, whether such loss, injury, or damage is caused by my own acts or omissions, by those of other program participants, or by the negligent acts or omissions of CWU staff or volunteers.

If I am signing as a parent/guardian of a participant under age 18, as a condition of my student's being permitted to participate in Athletic Department program activities, and for and in consideration of the services provided by CWU through its Athletic Department, I hereby waive and release any claims that I or we may have against CWU or its trustees, officers, employees, volunteers, or agents based on any loss, injury (including death), or damage that my student may sustain to person or property (or both) arising from, in connection with, or incidental to participation in the program, whether such loss, injury, or damage is caused by my student's own acts or omissions, by those of other program participants, or by the negligent acts or omissions of CWU staff or volunteers.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, Year in School: \_\_\_\_\_

**I have read and understand this *Assumption of Risk and Release of Claims*. I further understand and agree that the foregoing Assumption and Release is intended to be enforceable to the fullest extent permitted by law.**

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

**If the student participant is under the age of 18, this *Assumption of Risk and Release of Claims* must be signed both by the student and by the student's parent or legal guardian:**

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CENTRAL WASHINGTON UNIVERSITY**

**PARTICIPANT HEALTH/EMERGENCY INFORMATION & HOLD-HARMLESS FORM FOR CWU SPORTS CAMPS**

This form and the Assumption of Risk and Release of Claims form must be properly signed and returned before the first day of camp.

*Participants will not be allowed to participate without properly completed and signed forms.*

**PLEASE PRINT:**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sports Camp Attending: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

**MEDICAL INFORMATION:**

Does your child have allergies?

Yes  No  If yes, please list: \_\_\_\_\_

Does your child have chronic illness (heart condition, asthma, epilepsy, diabetes, etc.)?

Yes  No  If yes, please list: \_\_\_\_\_

Has your child had any injuries and/or operations during the past year?

Yes  No  If yes, please list: \_\_\_\_\_

Has your child's physical activity been restricted during the past year?

Yes  No  If yes, please list reasons and duration: \_\_\_\_\_

Is your child taking any medications?

Yes  No  If yes, please list why: \_\_\_\_\_

Name of medication(s) and dosage(s): \_\_\_\_\_

Has your child ever taken any sulfa drugs (Bactrim, Septra, Azulfidine, etc.)?

Yes  No  If yes, please list drugs and reactions: \_\_\_\_\_

Has your child had adverse reactions to any drugs?

Yes  No  If yes, please list drugs and reactions: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Name of Insured: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

I, the undersigned, individually and as a parent/guardian of \_\_\_\_\_ (participant), a minor, ask that they be admitted to participate in the sports camp sponsored by Central Washington University (CWU). I am fully aware of the safety risks of participating in this activity. I acknowledge and accept the risks and I understand that CWU cannot guarantee my child's safety. I state to you that I am not aware of any physical condition that would limit my child's participation in this activity. I understand that it is my responsibility to let you know if my child has any condition that would limit their ability to safely participate in this activity. In exchange for my child being allowed to participate in this activity, and to the fullest extent permitted by law, I hereby waive and release – and further agree to indemnify, defend, and hold harmless CWU and its trustees, officers, agents, employees, and volunteers from and against – any and all liabilities, claims, costs, expenses, injuries, and/or losses that I or my minor child may sustain as a result of my child's attendance at the sports camp, or in the course of competition and/or activities held in connection with the sports camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information contained herein to any medical provider treating my child. I agree to pay for lost keys and damages caused by my child while at camp. I also give permission for my child's photograph to appear in promotional material regarding future camps.

Print Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_