



## 2016 Harding University Volleyball

### Assumption of Risk and Release and Medical Power of Attorney

Name of Participant: \_\_\_\_\_

**Assumption of Risk and Release** In consideration of my child \_\_\_\_\_ named below (called *camper*) being permitted to participate in **Harding Volleyball Camp**, the undersigned, in full recognition and appreciation of the dangers and hazards in the planned activities and in transportation to and from events to which my child may be exposed during her participation in volleyball camp, on behalf of the camper and her heirs and personal representatives and myself individually, agrees to assume all risks and responsibilities surrounding *the Camper's* participation in Volleyball Camp and all independent activities undertaken as an adjunct thereto. Further, the undersigned, for myself, my heirs and personal representatives and on behalf of my child and his or her heir and personal representatives, hereby defends, holds harmless and indemnifies and releases and forever discharges **Harding University, Inc., and its trustees, officers, agents and employees, and its agents and employees, Meredith Fear, Robert Fear, and any other staff member or volunteer who assists with the camp**, (called Releases) from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from The Campers participation in *Volleyball Youth League*, and which result from causes beyond the control of, and without the fault or negligence of Releases, or any one of them.

**Medical Power of Attorney** Furthermore, I hereby designate and appoint **Meredith or Robert Fear**, as my true and lawful attorney or agent, to take whatever reasonable actions and procedures, including the execution of any documents or instruments which may be required or necessary by emergency circumstances, to obtain medical or hospital care, treatment, or surgical procedures for *The Camper* and on their behalf which may arise during *volleyball camp*. I further accept the financial responsibility for all medical expenses and costs.

**Allergies** My Child has no allergies (write "none"), OR My Child is allergic to the following:

\_\_\_\_\_  
**Other Medical Conditions** My Child has no other medical conditions (write "none") OR My Child has these other medical conditions: \_\_\_\_\_  
\_\_\_\_\_

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

Contact # 1: \_\_\_\_\_ Contact # 2: \_\_\_\_\_

Please attach insurance card or fill out the following information:

Company Name: \_\_\_\_\_ Primary Policy Holder: \_\_\_\_\_

Policy or Group No. : \_\_\_\_\_

Printed Name of Guardian: \_\_\_\_\_

Signature of Guardian \_\_\_\_\_

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