



2019 Harding University Volleyball

Assumption of Risk and Release

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 personal representatives and myself individually, agrees to assume all risks and responsibilities surrounding *the Camper's* participation in Harding 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., Fear Volleyball LLC 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 *Harding Volleyball Camp*, 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 *Harding 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: _____