Women's Basketball Sports Camp Athletic Department, Tiffin University 155 Miami St., Tiffin, Ohio 44883

PARTICIPATION WAIVER & INFORMATION FORM

PERMISSION TO PARTICIPATE		
Participant's Name:	Participant	's Age:
Parent/Guardian Name:	Re	lationship:
Address:	City, State,	Zip:
Daytime phone:	Cell phone:	Evening phone:
		entioned student to participate in Tiffin ned brochure of camp activities in which the
Parent/Guardian Signature		_Date
EMERGENCY CONTACT INFORMAT	<u>rion</u>	
In case of an emergency, camp sta provide us with an Emergency Con-	•	ove mentioned Parent/Guardian. Please e unable to reach you.
Name:	Relation to	the participant:
Phone number(s):		
MEDICAL INFORMATION		
	please provide that infor	medical condition of which we should be mation below. (Except for program staff,
PERMISSION TO USE PHOTOS		
	•	s a possibility that these photos will be used photos unless we have your permission.
YES, I give the University permiss	sion to publish photos of	my child.
NO, I do NOT give the University	permission to publish ph	notos of my child.

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CONSENT FOR TREATMENT WAIVER

PRINT Participant's Name:		
Health insurance information (if	f applicable):	
Insurance company:	Group Number:	
Doctor/Clinic Name:	Doctor's Phone:	
University WBB camp, do hereby injury to the above named particle.	, the parent/guardian ofy voluntarily and knowingly give my consencipant, to the administration of such treatments, as may be considered necessary or desiral the physician in attendance.	nt, in the event of illness or of nents, including x-rays, tests,
Parent/Guardian Signature:	Date:	
RELEASE AND INDEMNITY AGRE	<u>EMENT</u>	
University, I, the Trustees, Officers, Agents an and causes of action that I may h	named participant attending the Women's, the parent/guardian of and Employees of the Tiffin University harmle have or acquire against them. I do further of injury, illness, loss or damage sustained by e in attendance at camp.	, hereby hold ess from any and all claims discharge Tiffin University of
Parent/Guardian Signature:	Date:	

GENERAL RELEASE TIFFIN UNIVERSITY – EVENT PARTICIPATION

GENERAL RELEASE

In consideration for being allowed to participate in the event, Participant does hereby: (a) acknowledge and fully understand that Participant will be engaging in activities that involve risks of injury which result from not only Participant's actions, inactions or negligence, but might result from the actions or negligence of others, the conditions of the premises or of any equipment used and that there may be other risks not known or not reasonably foreseeable at this time; (b) assume all the aforementioned risks; and (c) release, waive, discharge, defend, indemnify and hold harmless the University, Team, or alternate sites (collectively, "Released Parties"), each present and former officer, director, shareholder, agent, employee, governor and member of the Released Parties, the subsidiaries, affiliates, predecessors, assigns of the Released Parties and any sponsors, advertisers, owners and lessees of premises used to conduct the Promotion, from any and all liability to the Participant, his or her heirs and next of kin, for any and all claims, demands, losses or damages on account of any injury or loss in any way related to the Event or the Participant's participation therein, including physical injury (and death) and damage to property, caused or alleged to be caused in whole or in part by any Released Party or otherwise.

Participant Name (Please Print First & Last)	Participant Ag	e Participant DOB	Today's Date
PLEASE PRINT: (Contac	t information of participant or parent/guardian	if Participant is under 18 years	of age)
Parent/Guardian	Signature		Day Phone
Address	City Stat	e Zip	Emergency Contact

Participant acknowledges that he/she has read and understands this release.