

2010 INCARNATE WORD HIGH SCHOOL STRENGTH AND CONDITIONING CAMPS

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Date of Birth: ____/____/____ Age: _____

School: _____ Grade (Fall '09): _____

Parent Email Address: _____ @ _____

Mother's Name: _____ Cell/Work #: _____ Father's Name: _____ Cell/Work #: _____

Emergency Contact: _____ Relationship: _____ Phone: () _____

MAIL FORM, CHECK AND DOCUMENTS TO:
IWHS ATHLETICS
727 E. HILDEBRAND
SAN ANTONIO, TX 78212

CAMP SESSION

Session 1

Session 2

PAYMENT METHOD
Please make checks payable to IWHS 2009 Summer Camps. **Please make sure to write the name of the camper on the check.** Full payment and paperwork are due 7 days prior to camp start date.

CREDIT CARD INFORMATION (please check one): Mastercard () Visa () Discover () American Express

Name as it appears on Card: _____

Credit Card # _____

Expiration Date: _____ VPN # _____

Cardholder Signature: _____

TOTAL ENCLOSED: _____

RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT and MEDICAL CONSENT FOR TREATMENT

Authority: I represent and acknowledge by my signature below that I am the Participant and I am at least 18 years of age. If Participant is under the age of eighteen, I represent and acknowledge that I am the Parent or Legal Guardian of the Participant who is under eighteen years of age and who will be participating in an activity offered by Incarnate Word High School. I understand that Participant's attendance is voluntary. I am fully competent to sign this Agreement. I acknowledge that I am signing this Release, Waiver of Liability and Hold Harmless Agreement on my behalf and on behalf of Participant if under 18 and that the Participant shall be bound by the terms of this Release, Waiver of Liability and Hold Harmless Agreement.

Permission: I give permission for Participant to participate in the above-referenced Activity at the named Facility owned and/or operated by University of the Incarnate Word or Incarnate Word High School (collectively referred to as UIW).

Assumption of Risk: I acknowledge that the nature of the activity may expose Participant to hazards or risks that may result in illness, personal injury or death and I understand and I accept all risk to Participant's health, including any injury or death that may result. I recognize and acknowledge that certain risks of harm are or may be inherent in the various activities contemplated herein and that the UIW cannot control all of these risks. I acknowledge there may be physically strenuous activities and certify by my signature that Participant is physically fit and able to participate and I have taken such steps as I deem are appropriate to assure myself that Participant is fit and capable of such participation. I know of no medical reason why Participant should not participate.

Release: I release UIW, and its Board of Trustees, officers, employees, and representatives from any and all liability to me, to Participant, our personal representatives, estate, heirs, and assigns for any and all claims and causes of action for any and all illness or injury to Participant, including his/her death, that may result from or occur during or in any way connected with the field trip/activity, including injuries caused by negligence of UIW and/or its Board of Trustees, officers, employees, and representatives, or any other participant in the field trip/activity that may be sustained by Participant while participating in such field trip/activity, or while on premises owned or leased by UIW.

Indemnity, Hold Harmless, and Waiver: I agree to indemnify and hold harmless, waive and covenant not to sue UIW, and its Board of Trustees, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described field trip/activity. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family, Participant's family, and our heirs, assigns and personal representatives, if Participant becomes deceased.

Medical Consent for Treatment: In case of medical emergency, I understand that every reasonable attempt will be made to contact me. However, in the event that I cannot be reached, I authorize such first aid, diagnostic, medical, and/or surgical treatment of Participant as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of Participant. I assume full responsibility for all medical expenses incurred as a result of any medical treatment. I understand that UIW does not provide medical insurance for Participant.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A MEDICAL CONSENT FOR TREATMENT, RELEASE, WAIVER AND HOLD HARMLESS OF LIABILITY OF ALL CLAIMS AND CAUSES OF ACTION FOR ANY INJURY OR DEATH TO MYSELF THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED FIELD TRIP OR ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

This document will be considered effective on the date signed and shall be governed by the laws of the State of Texas.

Participant's Signature: _____ Date: _____

(If Participant is 18 or older)

Parent/Legal Guardian Signature: _____ Date: _____

(If Participant is under age 18)

I agree to follow all instructions and procedures in order to maintain a maximum level of safety:

Participant's Signature: _____ Date: _____