



SANTA CLARA UNIVERSITY
Bronco Kidz All Sports Camp
INFORMED CONSENT/RELEASE OF LIABILITY

Camp Participant Name: _____

Camper Shirt Size: _____

Parent/Guardian Name: _____
(Please Print or Type)

In consideration of my minor child/ward (“my child”) being permitted to participate in the Bronco Kidz All Sports Camp program, its related events, and activities (hereinafter “the Camp”), and utilize the fields, facilities, and equipment of Santa Clara University (hereinafter “SCU”), I, acknowledge and agree that:

1. Participation in the Camp entails risk of serious and/or mortal injury and disability to my child and that I am allowing my child to participate with full knowledge of those risks.
2. For myself, my heirs, my child and assignees, I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF LOSSES SUSTAINED, both known and unknown, AND ASSUME FULL RESPONSIBILITY FOR MY CHILD’S PARTICIPATION.
3. I, for myself, my heirs, my child and assignees, hereby release, indemnify and hold harmless, SCU, its officers, trustees, agents, employees, and volunteers, from any and all injury, disability, death, or loss or damage to person or property that may occur as a result of my child’s participation in the Camp, but not to the extent that such liability is due to the willful misconduct of SCU, its employees, agents or volunteers.
4. I hereby license to Santa Clara University and its successors, (hereinafter “SCU”), the irrevocable right to use, reuse, publish and republish, solely for publicity and advertising purposes, photographs and/or video taken of my child by SCU or those commissioned by SCU during the Camp.
5. I certify that my child is adequately healthy to participate in the Camp and will advise SCU of any medical problems that may effect my child’s participation in the Camp.
6. I understand that my child may be dismissed from camp immediately if he/she exhibits behavior that endangers the safety of himself/herself, other children, or staff.
7. In the event of a medical emergency, SCU and/or the Camp staff is authorized to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that is deemed necessary for the safety and protection of my child. I understand that every attempt will be made to contact me, or the emergency contact identified, while taking this action. I will be financially responsible for any medical attention needed during Camp or resulting from an injury received at Camp. I acknowledge that my medical insurance shall be the primary insurance coverage for any medical treatment.

I HAVE READ THIS CONSENT FORM AND RELEASE OF LIABILITY AND UNDERSTAND ITS TERMS. I EXECUTE THIS CONSENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, KNOWING THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT.

Parent/Guardian Signature

Printed Name

Date