



## Camp Liability Waiver, Permission to Treat, Permission to Photograph

**Participants Name** (please print) \_\_\_\_\_

### Liability Waiver

I hereby acknowledge that participation in the camp and related activities involves an inherent risk of physical injury or loss that might be sustained by my child. In consideration for accepting my child into camp, I assume all risk of injury and loss that may be suffered by me or my child and release and forever discharge GCU Sports Camps, the Board of Trustees of Grand Canyon University, its officers, employees and agents from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, including death, property damage, and the consequences therefore resulting in the registrants participation in or involvement with this camp or presence on University property, including any failure or equipment or defect on the premises, except to the extent caused solely by the willful and wanton conduct of the university or GCU Sports Camps.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent / Guardian or Attendee if 18 years old)

### Permission to Treat:

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care is provided. I understand that an athletic trainer will be in attendance at all GCU Volleyball Camps, to provide initial medical treatment. I understand that this trainer will be rotating between gyms and may not be present to witness an injury that may occur to my child. I further understand that in case of serious illness / injury, I will receive notification. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician. I approve the release of medical information pertinent to my child's care from the hospital staff to the Grand Canyon University Sports Medicine Staff.

\_\_\_\_\_(initial) I approve the release of insurance information to the health care provider

\_\_\_\_\_(initial) I approve the health care provider to release information to the insurance company.

\_\_\_\_\_(initial) I approve that benefits from insurance are payable to the health care provider.

I verify the above information is correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Permission to give Acetaminophen Yes \_\_\_\_\_ No \_\_\_\_\_ Permission to give Ibuprofen Yes \_\_\_\_\_ No \_\_\_\_\_  
(initial) (initial)

### Permission to Photograph

As the parent / guardian of the above named athlete, I (check one) GIVE \_\_\_\_\_ DO NOT GIVE \_\_\_\_\_ GCU Athletic Camps permission to photograph my child, \_\_\_\_\_ while attending GCU Sports Camps.

I further grant GCU Sports Camps permission to use my child's photograph for camp purposes, including but not limited to promotions, presentations and advertising purposes. Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_