SUMMER SPORTS PROGRAMS - 2019

PARENT/GUARDIAN PERMISSION:
I am the parent or legal guardian for …………………………………………………………………………………………………………………. (please print all names that apply) and s/he has my permission to participate in the Summer Sports Programs. I understand that s/he will participate in basketball, archery, swimming, jogging, tennis, softball, field sports and other similar activities of a physical nature. I understand that University rules and those established by the Summer Sports Programs will be enforced. If my child/ward violates these rules, s/he will not be able to continue participation in the camp.

WAIVER and RELEASE:
In consideration of my child(ren) being permitted to participate in the ‘activity.’ I agree to assume all the risks and responsibilities surrounding my child(ren) participation in the ‘activity’ and in any activities undertaken as adjunct thereto and in advance release. Waive, forever discharge and covenant not to sue the University, its governing board, officers, agent, employees and any students acting as employees from and against any and all liability for any harm, injury, damage, claims, demands, actions, cause of actions, costs and expenses of any nature which my child(ren) may have or may hereafter accrue to him/her, arising out of related to any loss, damage, or injury, including but not limited to him/her, except if caused by the sole negligence of the University, while s/he is in, on, upon or in transit to or from premises where the ‘activity’ or any adjunct to the ‘activity’ occurs or is being conducted.

I have signed this Waiver and release in full recognition and appreciation of the dangers, hazards and risks of such activities, which dangers include but are not limited to injuries or drowning arising from athletic activity and which include serious or even mortal injuries and property damage. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of this Release of liability and hold harmless agreement by reading it before I sign it; and that I have reviewed it and understand what it means and that I have signed this document as my free act and deed. No oral representations, statements or inducements apart from foregoing written statement have been made. I understand that the University does not require my child(ren) to participate in this Activity, but I want him/her to do so, despite the dangers, risks and despite this Release. I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable or in conflict with any law governing this release, the validity of the remaining portions shall not be affected thereby.

MEDICAL or OTHER LIMITATIONS:
Does your child have any physical limitations or is he/she on any medication that may affect his/her camp activities?

________________________________________________________________________________________

____________________________________________

Signature of Parent or Legal Guardian          Date

Printed Name of Parent or Legal Guardian          Printed Name of Participant

MEDICAL INFORMATION SHEET:

INSURANCE COMPANY’S NAME: ___________________________ PHONE NUMBER: ___________________________

INSURANCE COMPANY’S ADDRESS: __________________________________________

POLICY NUMBER: ______________________________________

NAME OF EMPLOYER/GROUP: _________________________________

NAME OF EMPLOYEE OR PARTICIPANT: __________________________

If your insurance requires you to contact the insurer or primary care physician or person to approve medical treatment to assume insurance coverage for the medical bills, then PLEASE PROVIDE THE FOLLOWING:

NAME TO CONTACT: ___________________________ PHONE NUMBER: ___________________________

THE UNIVERSITY WILL ENDEAVOR TO CONTACT THE NECESSARY INDIVIDUAL TO APPROVE MEDICAL TREATMENT, BUT IS NOT LIABLE IF SUCH CONTACT CANNOT BE MADE.

RETURN DATE: by June 11, 2018

Failure to have this form on file may compromise enrollment. Please mail, drop-off, email or fax to:

SUMMER SPORTS PROGRAMS, 5530 S. ELLIS AVE., CHICAGO, IL 60637

EMAIL: summersportsprograms@uchicago.edu    FAX: (773) 702-6517