

**Consent to Treat,
Release and Waiver of Liability**

As a parent/legal guardian of _____(camper name), I give my consent for him/her to participate in the camp programs conducted or sponsored by the Red Wolves Volleyball Camp. I understand that participation in volleyball and related activities involves certain risks, and may result in unavoidable injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risk and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp.

I voluntarily give the medical personnel of Arkansas State University, Arkansas State Athletics, and Red Wolves Volleyball Camps, including athletic trainers, student athletic trainers, student health nurses and physicians, consent to treat my son/daughter for injury, illness or emergency situation that may occur while participating in camp and as deemed necessary by the medical personnel for camp. I am aware that medicine and the practice of athletic training are not exact sciences, and I acknowledge that no guarantees have been made to me as to the results of these services.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for illness or injury that my child may sustain during the camp and while traveling to and from the site for the camp.

Knowing these facts and in consideration of my child's participation in the camp program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of Arkansas State University, Arkansas State Athletics, the coaches and support staff of the Red Wolves Volleyball program, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Parent Signature

Date

Address:

Phone Number:

_____(home)
_____(work)
_____(cell)