



# GRAYSON DUBOSE'S VOLLEYBALL CAMPS 2017

## Informed Consent and Photo Release

Participant's name: \_\_\_\_\_

**Activity date and times:** July 28, 2017 at 12:00pm— July 29, 2017 at 4:00pm

**Activity location:** Utah State University campus – Logan, Utah

**Activity description:** Grayson DuBose's Volleyball Camps

**Special conditions of activity:** Risks and dangers may include, but are not limited to, falls, falling objects and broken or improperly used equipment, which could result in damage to or loss of property, illness or disease, physical or mental injury or death of participant or other persons. Injuries that may result from participation in this camp may include, but are not limited to, cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death.

### Medical Condition

Participant should be free from any known physical or health problems that could prevent participation in the activities associated with the program..

Listed below are known allergies and medical or physical conditions that may restrict my participation in the program (write "none" if none):

\_\_\_\_\_

If these conditions could cause a medical emergency during the program, a medical doctor has to be consulted prior to the program and a written statement must be obtained from the medical doctor stating that the condition should not be a problem during participation in the program. The doctor's statement must accompany this document.

### Photo Release

Participants in Grayson DuBose's Volleyball Camps and USU events are sometimes photographed and videotaped for use in Grayson DuBose's Volleyball Camps and USU promotional and educational materials. I authorize Grayson DuBose's Volleyball Camps to record and photograph my image and/or that of my child for use by Grayson DuBose's Volleyball Camps and USU or its assignees in research, educational and promotional programs. I understand these audio, video; film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

**I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation.**

Participant's name: \_\_\_\_\_

Participant's signature: \_\_\_\_\_

### Under 18 years of age

Parent(s) or Legal

Guardian(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

This form must be presented onsite the day of the program in order for you to participate. No exceptions.