



GRAYSON DUBOSE'S VOLLEYBALL INDIVIDUAL SKILLS CAMP 2017

Informed Consent, Photo Release, and Permission for Participation in Activity

Participant's name: _____

Activity date and times: July 24, 2016 at 12:00pm— July 28, 2017 at 4:00pm

Activity location: Utah State University campus – Logan, Utah

Activity description: Volleyball Instruction

Camp Activity: TBD

Transportation to and from activity: On their own to arrive at camp

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 activity 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 or activities described above.

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.

Liability Release

I further agree to release Grayson DuBose's Volleyball Camps and Utah State University, its officers, employees, agents and volunteers from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising out of participating in the aforementioned activity whether caused by negligence of releases or otherwise except that for which they are solely responsible.

Photo Release

Participants in USU events and Grayson DuBose's Volleyball Camps are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize USU and 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.
Youth participant forms signed by advisors will not be accepted!**