



For Office Use Only:
 Received: _____
 Team: _____

SportsLife Camps Participant Release Form

Participant Information: *Please print clearly with a pen*

Name of Participant: <i>Last, First, Middle Initial</i>		Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address: <i>Street, City, State, Zip</i>		Grade Entering (Campers only):	
Participant or Parent/Guardian Name and Phone Numbers:			
<i>Name:</i>	<i>Day:</i> ()	<i>Evening:</i> ()	
Emergency Contact #1:		Relationship to Participant:	
<i>Name:</i>	<i>Phone:</i> ()		
Emergency Contact #2:		Relationship to Participant:	
<i>Name:</i>	<i>Phone:</i> ()		
Name and Address of Church Hosting SportsLife Camp:	Camp Dates:	Does participant attend one of the churches hosting camp? YES NO	

Participant Agreement, Release, and Acknowledgement of Risk

In consideration of the services of SportsLife Camps, YouthWorks, its employees, agents, participants, volunteers and all other persons of entities acting on their behalf (collectively, "SportsLife"), the undersigned participant and, if participant is under eighteen, his/her parent or legal guardian (collectively, "Participant") agrees to release, indemnify, and discharge SportsLife as follows:

1. Participant understands that participation in the activities conducted by SportsLife entails unanticipated risks which could result in injury to Participant, to Participant's property, and to third parties, and Participant expressly accepts and assumes all such risks related to such activities. Participant's attendance at SportsLife Camps is voluntary, and Participant has elected to attend the camp in spite of the risks. During the week of camp, your child may be photographed or video taped for promotional materials.
2. Participant hereby voluntarily releases, forever discharges, and agrees to indemnify and hold harmless SportsLife and YouthWorks from any and all claims, demands, or causes of action which are in any way connected with participation in the SportsLife camp, including the use of SportsLife equipment or facilities. Should SportsLife be required to incur attorney's fees and costs to enforce this agreement, Participant agrees to indemnify SportsLife and YouthWorks for such fees and costs.
3. Participant has adequate insurance to cover any injury or damage suffered while participating in the SportsLife Camp, or else agrees to bear the costs of such injury or damage personally. Participant has no medical or physical condition which could interfere with Participant's safety while engaged in activities at SportsLife Camps, or else is willing to assume and bear all costs of any risks, direct or indirect, created by such condition.
4. In the event that Participant files a lawsuit against SportsLife and YouthWorks, Participant shall do so solely in the state of the host camp and agrees that the substantive law of such state shall apply in such action. Participant agrees that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
5. Participant hereby authorizes SportsLife to provide emergency medical response and/or treatment as needed for any accident, injury, or illness that may occur while Participant is involved in camp activities. Participant hereby releases and discharges SportsLife from any and all liability arising out of such treatment.
6. Participant has been informed of the rules and policies in force at the SportsLife camps and agrees to abide by such rules. Participant understands and agrees that if Participant does not abide by such rules and policies, Participant may be required to leave camp.

By signing this document, Participant acknowledges that if Participant is injured or property is damaged during participation in the activities at SportsLife Camps, Participant may be found by a court of law to have waived his/her right to maintain a lawsuit against SportsLife and YouthWorks on the basis of any claim described in this release.

Participant Signature

Participant or Parent/Legal Guardian **Name:** *(Please print clearly)*

Participant or Parent/Legal Guardian **Signature:**

Date:

Health Conditions

Please list any/all allergies, medications, physical handicaps, or restrictions that the camp staff should be aware of:

Insurance and Physician Information

Insurance Information

Name of Policy Holder _____

Policy Holder's Phone Number _____

Name of Health Insurance Company _____

Health Insurance Group/Policy Number _____

Address and Phone Number of Health Insurance Company _____

Physician Information

Name of Family Physician _____

Physician Address _____

Physician Phone _____

An original signed copy of both pages of this Participant Release Form must be completed and received by the host church, who will then submit it to SportsLife Camps, for each Participant prior to participation in any SportsLife camp activities. It is recommended that copies be made of this form to file in church records for reference purposes both during and after camp.

SportsLife Camps contact information:

SportsLife Camps
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