Ottawa University
Prepare for a Life of Significance™

Athletic Camp Waiver Form

OUKS — Ottawa, Kansas

Camp Attending

Participant's Name

Policy Holder's Name

Health and Accident Insurance Carrier

Policy Number

❑ Yes, I have included a photocopy of the participant's health insurance card.

Emergency Contact's Name

Phone

Relationship to Participant

I understand that participation in athletics and related activities involves certain risks, and may result in unavoidable injuries. Any injury on the Ottawa University campus will be directed to the primary medical insurance carrier of the camp participant.

I hereby and herein authorize the director of the Ottawa University camp, or any agents working on their behalf, to act in my stead for the purpose of acquiring emergency medical attention for my child/ward. I impose upon the assumptors of this duty, the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp. By my signature hereunder, I warrant that my child/ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the camp. I also represent that my child/ward has received a physical within the last year and is medically competent to participate in the activities at the camp.

Participation in this camp grants Ottawa University and its agents the rights to utilize photos, videos, testimonials, etc. of my child/ward for marketing purposes in print, on the Internet, etc.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date