

AKRON BASKETBALL CAMPS

AT THE UNIVERSITY OF AKRON

Emergency Medical Authorization

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the 2019 University of Akron Zips Basketball School and/or Offensive Skills Camp and/or Lil' Zips being held at The University of Akron (collectively referred to as University) on the following dates: June 10-12.

In consideration for being allowed to participate in said activity, I hereby release, waive, and discharge UNIVERSITY, its instructors, agents, and employees from every claim, liability, or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors, and assigns of mine.

I further agree to indemnify the UNIVERSITY from any loss, liability, damage, or cost it may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members, or volunteers of the UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my child's participation in said activity.

Parent Name: _____

Signature: _____

Date: _____