**PARTICIPANTʼS FULL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH(MO/DAY/YR):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOCATION OF ACTIVITY (IES):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE(S) OF ACTIVITY(IES): START DATE:** \_\_\_\_\_\_\_ **END DATE:** \_\_\_\_\_\_\_\_

**DESCRIPTION OF ACTIVITIES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL CARE AND INSURANCE**

If I require medical care while participating in the above listed activities, I authorize Northern Kentucky University through its employees or agents to summon emergency medical care or to take me to nearest medical facility for purposes of receiving medical care or to take me to the nearest medical facility for purposes of receiving medical care with the understanding that I will not hold Northern Kentucky University, or its employees, agents, or representatives responsible for the actions of the agents, representatives or employees of the medical factility and that I will assume any and all responsibility for payment of same.

**NAME OF MEDICAL INSURANCE CARRIER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE**

I, the undersigned participant, exercising my own free choice to participate voluntarily in the above-named actives, and promising to take due care during such participation, herby release and discharge, indemnify and hold harmless Coach Peyton, Northern Kentucky University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above listed activities.

**ASSUMPTION OF RISK**

I acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death, or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against Coach Peyton, Northern Kentucky University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the above-named activities.

I accept, understand, and assume that there is a risk of injury in this activity, due to its physical nature, including but not limited to falls, contact with other participants, and being injured by any equipment used at the camp. I agreee to follow all instructions and wear all necessary, recommended, and appropriate protective gear and equipment.

**SPONSORSHIP**

I understand that this activity is neither administered nor sponsored by Northern Kentucky University and that Coach Peyton is providing this instruction or camp outside the scope of his/her employment with the University. I agree to release, hold harmless, and indemnify Northern Kentucky University, its governing board, its officers, its employees, its agents, and Coach Peyton from any and all claims and liability arising out of the Activity.

I have had sufficient time to review and see explanation of provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release from Responsibility, Assumption of Risk, and Waiver.

**Printed Name of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If participant is under the age of 18, his or her parent or legal guardian must also sign:**

I, (printed name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address & Telephone Number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_