



AUTHORIZATION

We, the undersigned parents or guardians of _____, a minor, do hereby authorize the directors of the Ogallala Volleyball Summer Camps or their designee to select hospital facilities and/or a physician of their choice and authorize treatment of the above named camper on an emergency basis in the event such treatment becomes necessary as a result of the participation in the Volleyball Camp. We hereby grant permission for her to participate in the Volleyball Camp and acknowledge the fact that she is physically able to participate in camp activities. The parent or guardian assumes responsibility for any damage done by the above named to property. The athlete will obey all Ogallala Volleyball Camp regulations or be subject to dismissal from the program and sent home at the athlete's expense. The signature of the parent or guardian relieves the Ogallala Public Schools, Ogallala Volleyball Summer Camp and their delegated representatives of any and all liability.

WAIVER / RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate on behalf of this athletic program and related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS YOUTH PROGRAMS, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, ("RELEASES") WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OR RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature _____ Age _____ Date _____

FOR PARENTS / GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature _____ Date _____ Emergency Phone No. _____

HEALTH INSURANCE INFORMATION

Name of Insurance Company _____ Policy Number _____

Company Address _____ Policy Owner _____