

Release of Legal Guardian on Behalf of Minor
St. Ursula Academy Volleyball Camp

The undersigned, on behalf of _____ a minor whose birthday is _____, 19_____, and for whom the undersigned is the natural or legal guardian, hereby releases St. Ursula Academy, its trustees, officers, administrators employees and agents, from any and all liability of whatever nature relating to or in any manner arising out of the use by such minor of the St. Ursula Academy's program(s) and/or facilities. Furthermore, the undersigned agrees to indemnify and hold harmless St. Ursula Academy, its trustees, officers, administrators employees and agents, from any and all damages, expenses or other losses arising from or in connection with any suit, or other legal proceedings or otherwise, including attorneys' fees with respect to the use of St. Ursula Academy's program(s) and/or facilities or any part of them by the minor named above. This release and indemnification shall be binding upon the personal representatives, heirs and assigns of the undersigned and of the minor named above.

I acknowledge that I have full power of authority to sign this document on behalf of the above minor, that I have read the foregoing paragraph, that I understand it, and that I have the option to have it reviewed by legal counsel prior to signing, and that I freely execute this document on behalf of the above minor.

Signature of Parent/Guardian Date

Print Name

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UNIVERSITY OF CINCINNATI CAMP RELEASE FORM

Insurance Carrier: _____
Company: _____
Address: _____
City, State, Zip: _____
Policy Number: _____
Claims/pre-admission tel.#: _____

I give my permission for my child to participate in the Reed Sunahara Bearcat Volleyball Camp and will not hold the University of Cincinnati or its staff responsible for any accident or injury to my child. Furthermore, I hereby grant permission for my child, _____, (camper's name), to receive necessary medical attention for any condition or injury suffered while he/she attends the Reed Sunahara Bearcat Volleyball Camp at the University of Cincinnati. I understand that my own medical coverage will be the primary insurance coverage and that camp insurance is secondary.

Parent or Guardian Signature

Parent or Guardian Printed Name

Daytime Phone _____

Email _____