

Sport:	
Camp Date(s):	

Southern Miss Athletics Camps

Waiver of Liability, Indemnification Agreement, Consent to Medical Treatment, and Photography/Video Consent

Waiver of Liability and Indemnification

In consideration for being allowed to participate in the Southern Miss Athletics Camp, I, the undersigned, on behalf of myself and/or my minor child, do hereby release, waive, discharge, and covenant not to sue The University of Southern Mississippi, its Board of Trustees, officers, employees, agents, volunteers, and camp staff (collectively the "University") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my minor child, or to any property belonging to me or my minor child, whether caused by the negligence of the University or otherwise, while participating in camp activities, or while in, on, or upon the premises where the camp is being conducted. I represent and warrant that, to the best of my knowledge, my minor child has no pre-existing health conditions, medical issues, or injuries that could impair their ability to safely participate in the athletic camp.

I further agree to indemnify and hold harmless the University from any loss, liability, damage, or costs they may incur due to participation in camp activities, whether caused by negligence of the University or otherwise. I understand and voluntarily assume full responsibility for any risk of bodily injury, property damage, or death that may be sustained by me or my minor child as a result of participation.

Consent to Medical Treatment

I hereby authorize the camp staff, athletic trainers, coaches, or other representatives of The University of Southern Mississippi to provide, secure, and/or consent to necessary medical treatment for myself or my minor child in the event of illness or injury. I acknowledge that I am solely responsible for the payment of any medical services rendered that are not covered by my personal health insurance.

Photography and Video Consent

I hereby grant to The University of Southern Mississippi, its agents, employees, and representatives (collectively the "University") the irrevocable right and permission to photograph, video record, and/or otherwise capture my image, likeness, and voice (or, if a minor, my child's image, likeness, and voice) during participation in the camp (collectively, "Media").

I agree that the University may use, reproduce, publish, distribute, broadcast, and otherwise display such Media in any manner or medium, including but not limited to brochures, websites,

social media, advertising, and other purpose.	er promotional or educational ma	nterials, for any lawful
I understand that I will receive no to inspect or approve the final pro claims, damages, or liability arisin	duct(s). I release and hold harml	ess the University from any
☐ If you do NOT consent to photo	ography or video recording, plea	se check here.
<u>Acknowledgement</u>		
By signing below, I certify that I had voluntarily agree to its conditions including the right to sue. If signing guardian and have full authority to	. I acknowledge that I am giving ng on behalf of a minor, I certify	up substantial legal rights, that I am the parent or legal
Participant's Name:		
Parent/Guardian's Name:		
Signature of Participant or Parent		
Date:		
Please list two emergency contact	cts:	
Emergency Contact #1 Name	Cell Phone Number	Relation
Emergency Contact #2 Name	Cell Phone Number	Relation