## SOUTHERN UNION STATE COMMUNITY COLLEGE

## ATHLETIC DEPARTMENT

| Informed Consent and Acknowledgement I hereby give my approval for reparticipation in any and all activities prepared by Southern Union Athletics of selected camp. In exchange for the acceptance of said child's candidacy by Union, I assume all risk and hazards incidental to the conduct of the activities release, absolve and hold harmless Southern Union, and all its respective of agents, and representatives from any and all liability for injuries to said child of traveling to, participating in, or returning from selected camp sessions. In injury to said child, I hereby waive all claims against Southern Union, includic coaches and affiliates, all participants, sponsoring agencies, advertisers, an applicable, owners and lessors of premises used to conduct the event. There of being injured that is inherent in all sports activities, including basketball. Such these injuries include, but are not limited to, the risk of fractures, paralysis, of the Medical Release and Authorization As Parent and/or Guardian of the name I hereby authorize the diagnosis and treatment by a qualified and licensed in professional, of the minor child, in the event of a medical emergency, which opinion of the attending medical professional, requires immediate attention to further endangerment of the minor's life, physical disfigurement, physical im or other undue pain, suffering or discomfort, if delayed. Permission is hereby | <b>CAMP</b> :   |  | DATE OF CAMP:  |
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| to the attending physician to proceed with any medical or minor surgical treating examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significated accidental injury, I understand that every attempt will be made by the attend physician to contact me in the most expeditious way possible. This authorized granted only after a reasonable effort has been made to reach me. Permissing granted to Southern Union and its affiliates including Directors, Coaches, and Parents to provide the needed emergency treatment prior to the child's admitted that the medical facility. Release authorized on the dates and/or duration of their season. This release is authorized and executed of my own free will, with the purpose of authorizing medical treatment under emergency circumstances, protection of life and limb of the named minor child, in my absence.   | participation in any selected camp. In e Union, I assume all release, absolve an agents, and represe of traveling to, particinjury to said child, coaches and affiliat applicable, owners of being injured that these injuries included these injuries included the professional, of the opinion of the attendangerment or other undue paint to the attending phy ray examination and emergency arising accidental injury, I uphysician to contact granted only after a granted to Southerr Parents to provide the medical facility, season. This release purpose of authoriz | and all activities prepared by a schange for the acceptance or risk and hazards incidental to de hold harmless Southern Univertatives from any and all liable cipating in, or returning from so hereby waive all claims againes, all participants, sponsoring and lessors of premises used it is inherent in all sports activities, but are not limited to, the right and authorization As Parent and diagnosis and treatment by minor child, in the event of a red diagnosis and treatment by minor child, in the event of a red diagnosis and treatment by minor child, in the event of a red diagnosis and treatment by minor child, in the event of a red diagnosis and treatment by minor child, in the event of a red in the minor's life, physical professional, requested in the most expeditious we reasonable effort has been made in the most expeditious we reasonable effort has been made in Union and its affiliates including the needed emergency treatmed in the medical treatment under each authorized and executed ing medical treatment under each acceptance. | Southern Union Athletics during the of said child's candidacy by Southern to the conduct of the activities, and ion, and all its respective officers, ility for injuries to said child arising of selected camp sessions. In case of a st Southern Union, including all gragencies, advertisers, and, if to conduct the event. There is a risk ties, including basketball. Some of isk of fractures, paralysis, or death, and/or Guardian of the named athlet gray a qualified and licensed medical medical emergency, which in the quires immediate attention to preven disfigurement, physical impairment, layed. Permission is hereby granted athlete. In the event of an differ major surgery, or significant will be made by the attending vay possible. This authorization is nade to reach me. Permission is also also be a surgery of the child's admission to a tes and/or duration of the registered of my own free will, with the sole emergency circumstances, for the |
| PRINT NAME:  | PRINT NAME:   |  |  |

DATE: \_\_\_\_