



Participant's Full Name*	Date of Birth*
Home Address*	
Phone Number*	Grade*
Camp Name*	Camp Dates*

In consideration of my Child, the Participant, being permitted to participate in the above Camp/Clinic, **I, and on behalf of my Child, agree and understand that:**

- My Child will abide by all the rules, guidelines, regulations and code of conduct of USC and/or host/site location requirements;
- My Child may be asked to leave the Camp/Clinic if I or my Child do not abide by the rules, regulations and code of conduct of USC and/or the host site location requirements;
- The instructor has sole authority to make decisions regarding my Child's continued participation if my Child's conduct or the circumstances warrant removal, dismissal, discipline or other action including the forfeiture of funds, deposits or fees without notice to me;
- My Child's participation in this Camp/Clinic is voluntary;
- I recognize that my Child's participation in the Camp/Clinic carries with it risks, including, but not limited to, injuries, illness, property losses, criminal acts and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this Camp/Clinic and I freely assume the risks and consent to my Child's participation;
- I further declare that my Child is fit and capable of participating in the Camp/Clinic

PHOTO RELEASE

I give USC, its agents, employees, servants, assigns, and successors, without expectation of value, permission to:

1. Record my Child's likeness and appearance on video tape, audio tape, film, photograph or any other medium;
2. Use my Child's name, likeness, voice and biographical material in connection with these recordings; and
3. Exhibit, copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose or advertisement campaigns which the University of South Carolina, and those acting pursuant to its authority, deem appropriate.

PARENT PERMISSION FOR PARTICIPANT VEHICLE USE

My Child has permission to use his/her personal vehicle for the following travel purposes during the Camp/Clinic at the University of South Carolina and/or host site facility. The University does not provide automobile liability and/or comprehensive and collision coverage for personal vehicles. Your child will be permitted to use his/her vehicle for ONLY those purposes that you check below:

- ☐ Drive to and from camp
- ☐ Transport another participant in my Child's vehicle: (See below)
 - Please list the other participant(s) riding with your child: _____



I, furthermore agree that my Child may only be released to the following individual(s) during the USC Camp/Clinic. *Parents/Guardians: Please include your names as well as any others authorized to whom to release your child. Please do not ask us to rely on a verbal permission. If you child is riding with another participant, please indicate the driver's name below.*

Name*	Relationship*
Name	Relationship

My Child **MAY NOT** be released to the following individual(s)

Name	Other Information
Name	Other Information

Please attach court or legal documents as appropriate.

WAIVER AND RELEASE OF LIABILITY

Further, in consideration for my Child being permitted to participate in the Camp/Clinic, I, as the natural parent and/or as the legally authorized guardian, do hereby for myself, my family, heirs, personal representatives and assigns, agree not to sue, and I release, waive, discharge, hold harmless and indemnify, and forever defend the Camp/Clinic, State of South Carolina, the University of South Carolina, its members of the Board of Trustees, individually and collectively, its officers, employees, servants, agents and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my Child or me arising out of or in any way associated with my Child's participation in the Camp/Clinic.

I warrant I am the parent and or authorized legal guardian of the Participant and I warrant I am 18 years of age or older. I have carefully reviewed and I agree to the terms of this entire document.

Participant Signature*	Date*
Parent/Guardian Signature*	Date*
Witness Signature*	Witness Signature

Emergency Contact(s)

Name*	Relationship*
Primary Phone Number*	Secondary Phone Number