

Release of Liability, Medical and MEDIA Authorization

In consideration of being permitted to participate in The University of Iowa Sports Camps Program, I hereby release the Board of Regents, State of Iowa; The University of Iowa Sports Camps Program, State of Iowa; and The University of Iowa, their officers, employees, and agents from any and all liability or claims relating to any bodily injury or property damage that may be sustained by the camper while attending and/or being transported to or from The University of Iowa Sports Camp. The University of Iowa will only be responsible for bodily injury or property damage that results from the negligent acts or omission of The University of Iowa, its employees, agents, or officers in conjunction with this program. I hereby authorize and give my consent to the staff of the Camp to act on my behalf to secure medical treatment for the administration of all emergency medical and/or emergency surgical treatment that may be necessary in connection with, including transportation to or from, the Sports Camp Program. I understand that should an emergency medical problem arise, an attempt will be made to contact me. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with attendance at this Camp. I authorize the disclosure of medical information to the insurance company listed below for the purpose of claim. (Each camper must provide his/her own health insurance.)

I hereby give my consent to use the likeness and/or name/identity of the above-named camper for purposes of promotional materials or any other type of media produced and/or published by The University of Iowa to promote or publicize The University of Iowa or The University of Iowa Sports Camps Program.

Camper Name (print/type) _____

Parent/Guardian Name (print/type) _____

Address _____

City _____ State _____ ZIP _____

Cell Phone _____

Emergency Contact Name _____ Emergency Phone _____

Insurance Company _____

Insurance Co. Address _____

City _____ State _____ ZIP _____

Policy No. _____

Policy Holder _____

Parent/Guardian Signature

Date

Camper Signature

Date

The University of Iowa Speed Development Camp

Monday, Wednesday & Thursday—August 2, 4, 5, 2010

6 p.m. to 7:30 p.m.

Hawkeye Tennis and Recreation Center

Offered to Boys and Girls ages 10-17

Cost: \$125

*Instruction in the mechanics of running, mobility, flexibility, acceleration, deceleration, agility and injury prevention;
benefits in the following sports:*

Track & Field, Football, Basketball, Soccer, Baseball, Softball, Volleyball

Conducted by University of Iowa Director of Strength and Conditioning, JC Moreau, and
Assistant Strength Coach, Dan Hammes

Registration (please send completed and signed form to JC Moreau, 129 CHA, Iowa City, IA 52242)

Camper Name (please print full legal name): _____

Birth Date: _____ Gender (please circle): M or F

Sport(s): _____

Email Address: _____

Select session (circle one): Session 1 or Session 2

Please make checks payable to: *The University of Iowa Athletics*

****Please be sure to complete liability waiver on back side of this form.****



Contact JC Moreau at jc-moreau@uiowa.edu or call (479) 530 8254 for additional information