

# Iowa Strength and Conditioning

## Strength Training and Injury Prevention Clinic for Girls

**Date:** Saturday February 13

**Cost:** **Free!!**

**Time:** Registration and Check in: 7:00 – 7:45am

Clinic: 8:00 – 9:45am

**Location:** Carver Hawkeye Arena

**Eligible Participants:** Any female student-athlete in grades 6 through 10.

**What to Bring:** Workout attire

\*\*Please note that parents and coaches are strongly encouraged to attend and observe.

Complete the form below and bring a signed copy on the day of the clinic or mail to: JC Moreau, 129 CHA, Iowa City, IA 52242

# Release of Liability, Medical and MEDIA Authorization

Camper \_\_\_\_\_  
(Please print full legal name)

Birth Date \_\_\_\_\_  M  F

Sport \_\_\_\_\_ Email Address \_\_\_\_\_

Starting Session Dates \_\_\_\_\_

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.

Parent/Guardian Signature / Date

Camper Signature / Date

Name

Parent/Guardian (print/type)

Address

City \_\_\_\_\_ Insurance Company \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Insurance Co. Address \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Policy No. \_\_\_\_\_

Policy Holder \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_