

Name of Child/Participant: _____

Name of Camp/Activity: _____

Date of Camp/Activity: _____

Wasatch County
SCHOOL DISTRICT
PARTICIPATION AGREEMENT

I am the parent/guardian of the child named above and I agree as follows:

1. **Permission to Participate, Assumption of Risk and Release.** I hereby give my permission for my child to participate in this Camp. I am fully aware of the risks and hazards connected with participating in the Activity and in participating in sports, generally. I understand that these risks included, but are not limited to, tripping, falling, colliding with objects or other participants, loss of consciousness, lacerations, serious neck and spinal injuries, complete or partial paralysis, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, concussions and even death. I also acknowledge that the facilities of Wasatch County School District, including but not limited to, the weight room and football field, contain inherent risks of injury. I voluntarily allow my child to participate in this Activity, even though I know such Activity may be hazardous for my child. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by my child, or any loss or damage to property owned by my child, which may result, directly or indirectly, from my child's participation in the Activity, and I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Wasatch County School District, its officers, servants, agents, employees, or volunteers ("District") from any and all liability, claims, demands, actions and causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or to any property belonging to my child while participation in the Activity, on District premises, using District equipment or using District facilities, unless any such damage or injury is primarily the direct result of negligence or intentional misconduct of Wasatch County School District, its officers, employees or volunteers.
2. **Health Condition.** I certify that my child has no medical health conditions that would prevent or hinder my child's participation in this Camp.
3. **Medical Treatment.** I understand the District will not have medical personnel present at the Camp. I hereby grant the District permission to authorize emergency medical treatment for my child, if necessary, and I understand and agree the District assumes no responsibility for any injury or damage that may arise from medical treatment. I certify that my child has adequate health insurance and/or that I will pay for any medical costs that may arise directly or indirectly from participating in this Camp.
4. **Misconduct.** I understand and agree that my child may be dismissed from the camp for misconduct, as determined by a Camp administrator. Should that occur, I agree to pick up my child immediately and I understand and agree that no fees shall be refunded. I release the District from any liability should my child leave District property without the permission or knowledge of District employees or agents.
5. **Photo Release.** I understand and agree that pictures of my child may be taken during camp and I hereby permit the District to use pictures of my child to promote the District, its programs and camps.
6. **Jurisdiction.** I agree the laws of the State of Utah shall govern this Agreement.

Parent/Guardian Name – PLEASE PRINT

Parent/Guardian Signature

Date

Home Phone Number

Cell Phone Number

Work Phone Number