

WAIVER RELEASE FORM

BUTLER LACROSSE CAMPS LLC

10826 Pleasantview Drive
Carmel, IN 46033-3942

All Participants must have their own insurance coverage. Participants will not be allowed to participate unless the following information is submitted and form signed by the parent/legal guardian of the Participant if under 18.

EVENT ATTENDING: _____

Participant Name: _____ Birthdate: _____ Graduation Year: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

School: _____ City: _____ State: _____ Club Team: _____

Emergency Contact: _____ Home Phone: _____ Cell Phone: _____

Participant Insurance Company: _____ Policy #: _____ Policy Holder: _____

***Please be sure to bring a copy of the front and back of your insurance card to any Butler Lacrosse Camps & Clinics.**

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant if under 18. I hereby authorize the staff of Butler Lacrosse Camps LLC to seek medical treatment for the participant as they see necessary at a medical facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the period of the Camp. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the staff of Butler Lacrosse Camps LLC authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary to the Participant. I accept responsibility for payment of all services rendered, except for that covered by Butler Lacrosse Camps LLC excess medical coverage policy after your policy is utilized. I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims.

No University Sponsorship: I, the undersigned, hereby acknowledge and understand that Butler Lacrosse Camps LLC is a privately run sports camp and is not operated by or through Butler University. The Camp is neither sponsored, controlled, nor supervised by the Butler University, but rather is under the sole sponsorship, control and supervision of the Camp Director, Cecil Covington Pilson.

Permission to use Photographs: I understand that during the course of the Camp a representative of Butler Lacrosse Camps LLC, may photograph my child during camp related activities. I hereby authorize Butler Lacrosse Camps LLC to use any photograph containing my child during camp related activities in promotional materials.

I, the undersigned, for ourselves, our heirs, our executors and administrators, waive, release and forever discharge the Butler University, satellite locations and the Camps, Clinics, its staff, officers, agents, employees, representatives, successors and assigns from any liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur watching or during participation in Camp or Clinic activities or while at any Camps or Clinics operated by Butler Lacrosse Camps LLC.

I also attest that my daughter has had a physical examination in the past 12 months and has been cleared to participate in athletic activities without any restrictions. This physical is on file at her high school or at our home.

CAMP RELEASE AND NCAA COMPLIANCE ATTESTATION: For Participation in Activity in University Department of Athletics Facilities. For the purposes of this document, herein after referred to as "Release," the party intending to participate (or her parent/guardian) in the activity in University facilities shall hereafter be referred to as "Participant." Butler University, and its trustees, officers, employees and agents, acting within the course and scope of their duties, shall hereafter be referred to as "University." The activity in the University facilities that the Participant will participate in shall hereafter be referred to as the "Activity."

1. Release, Waiver of Liability, and Assumption of Risk: In consideration of the opportunity afforded Participant to participate in the Activity in the University's facilities, Participant hereby releases and forever discharges the University from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from or in connection with the Activity. Participant understands that this Release discharges the University from any liability or claim that Participant may have against the University with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from participation in the Activity. Participant understands and acknowledges that potential risks to health and personal property may be associated with participation in the Activity, and Participant voluntarily assumes those risks.

2. Medical Treatment and Pre-existing Medical Conditions: Participant hereby releases and forever discharges the University from any liabilities, claims, costs and damages that arise or may hereafter arise on account of any first aid, medical treatment, or service rendered to Participant in connection with the Activity. Participant will take for herself any appropriate precautions or medications to treat and/or reduce the likelihood of exacerbating any pre-existing health conditions, or insect, food or medication allergies. Participant also hereby gives permission for the staff of the Activity to seek during the period of the Activity appropriate medical attention for the Participant in the event of accident, injury, or illness. Participant will be responsible for any and all costs of medical attention and treatment, except for that covered by the Activity's excess medical coverage policy.

3. NCAA Compliance: By signing below, Participant acknowledges that they have not knowingly participated in or become aware of any violation(s) of NCAA rules involving the University or individuals affiliated with or acting on behalf of the University. Participant's signature below also indicates Participant's agreement to immediately disclose to the Department of Athletics Compliance Office any NCAA rules violation(s) of which Participant becomes aware.

4. Other: This Release shall be binding and legally enforceable against Participant and Participant's heirs, executors, administrators, and legal representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of Indiana. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

**All Facility Users are expected to comply with all NCAA rules and Department of Athletics policies at all times. Should an individual ever have a question about any NCAA rule(s), they are expected to contact the Department of Athletics Compliance Office immediately. All Facility Users are expected to promptly notify the Department of Athletics Compliance Office should they become aware of any suspected violation of any law, NCAA rule, Butler University or Department of Athletics policy, or any other regulation or legislation.*

I HAVE CAREFULLY READ THIS WAIVER RELEASE AND UNDERSTAND THE ABOVE TERMS AND CONSENT TO ABIDE BY THEM.

Print Name of Participant (Or Parent/ Guardian if Participant under 18)

Signature of Participant (Or Parent/Guardian if Participant Under 18)

Date

MEDICAL RELEASE FORM

BUTLER LACROSSE CAMPS LLC

10826 Pleasantview Drive
Carmel, IN 46033-3942

Participant Name: _____ Birthdate: _____ Graduation Year: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

- 1) Have you had an illness or injury since your last check-up or sports physical?
- 2) Are you currently taking any prescription medications or using an inhaler?
- 3) Do you have any allergies to any food, pollen, medicine, or insects?
- 4) Have you been told you have a heart murmur?
- 5) Has a physician ever denied your participation in sports for any heart problems?
- 6) Have you ever had a head injury or concussion?
- 7) Have you ever had a seizure?
- 8) Do you have frequent or severe headaches/migraines?
- 9) Do you have asthma?
- 10) Do you wear glasses, contacts or protective eyewear?
- 11) Do you have diabetes?

YES	NO

*Please explain all questions to which you have answered **YES** _____

Please provide the date of your most recent immunization shot for Tetanus: _____

I hereby state that to the best of my knowledge, my answers to the above questions are complete and that my daughter has had a physical examination in the past 12 months and has been cleared to participate in athletic activities without any restrictions. This physical is on file at her high school or at our home.

Print Name of Participant (Or Parent/ Guardian if Participant under 18)

Signature of Participant (Or Parent/Guardian if Participant Under 18)

Date

FOOD ALLERGY INFORMATION SHEET



704 W. Hampton Drive
Indianapolis, IN 46208
TEL 317-940-9701

Please submit this form to Butler University Dining Services at least one week before the beginning of the camp or clinic.

Participant Name: _____ Event: _____ Dates of Event: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Food Allergy:

- 1) Fish / Fish Products?
- 2) Shellfish / Shellfish Products?
- 3) Nuts / Nut Products?
- 4) Soy / Soybeans / Soy Products?
- 5) Wheat / Wheat Products?
- 6) Gluten?
- 7) Dairy / Dairy Products?
- 8) Other Food Allergies?

YES	NO

*Please explain all questions to which you have answered **YES** _____

I hereby state that to the best of my knowledge, my answers to the above questions are complete.

Print Name of Participant (Or Parent/ Guardian if Participant under 18)

Signature of Participant (Or Parent/Guardian if Participant Under 18)

Date