

WAIVER AND RELEASE OF ALL CLAIMS

Loras Cross Country Team Camp

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for Loras College REQUIRES the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Please read this form carefully and be aware that in registering your minor child/ward for participation in the Loras Cross Country Team Camp from July 20 through July 24, 2008, you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of this program.

I understand that Loras College does not carry insurance for injuries sustained by participants in this event. Therefore, participants in this event should look to their own health insurance policy for any injuries sustained in connection with or arising out of this event. The absence of health insurance coverage does not make Loras College responsible for payment of medical expenses.

As a participant in the Loras Cross Country Team Camp at Loras College from July 20 through July 24, 2008, I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which my child/ward may sustain as a result of participating in any and all activities connected with or associated with, or arising out of this event.

I agree to waive and relinquish all claims my child/ward may have as a result of participating in the Loras Cross Country Team Camp against Loras College and its directors, officers, trustees, agents, servants and employees. I do hereby fully release and discharge Loras College and its directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damage or loss which my child/ward may have on account of their participation.

I further agree to indemnify and hold harmless and defend Loras College and its directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by my child/ward or arising out of, connected with, or in any way associated with the activities of this event.

PERMISSION TO SECURE TREATMENT

In the event of an emergency I authorize Loras College to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's/ward's immediate care and I agree that I will be responsible for payment of any and all medical services required.

I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment, and all information supplied by me is accurate and current to the best of my knowledge.

(Please Print)

Participants Name: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to participant: _____