NEBAA – PLEASE READ THIS CAREFULLY – FILL OUT, SIGN & RETURN

SPORTS EDUCATION CAMP FOR YOUTHS WITH VISUAL IMPAIRMENTS

Agreement, Assumption of Risk, Release, Waiver and Consent

The UNDERSIGNED does hereby acknowledge that my child's participation in the Sports Education Camp for Youths with Visual Impairments (hereafter "Camp"), to be held at the University of Maine in Orono, Maine on June 23-26, 2010, could expose my child to above-normal risks. I understand that the Camp involves participation in sports, such as goal ball, track and field, swimming, wrestling, bowling, and gymnastics, which may result in significant physical exertion, and that my child may be subjected to physical injuries, some of which may be severe. I also certify that my child is physically able to participate in these sports.

In consideration of being permitted to attend, participate and obtain an education from the Camp, I/my child agree to: (1) assume all risks of accident and/or injury inherent in my child's travel, activity, participation, and connected activities and other consequences or events which arise in conjunction with the Camp (2) that I/my child knowingly and intentionally waive(s) any and all claims, of whatsoever kind or nature, against the University of Maine and the New England Blind Athletic Association, their Boards, presidents, officers, employees, agents and representatively (collectively Camp Sponsors) and release and shall indemnify Camp Sponsors from any and all claims which my arise out of my child's participation in the Camp and related activities- and (3) that I assume sole responsibility for my child's safety and conduct and that the Camp Sponsors will not be liable if my child suffers personal injury, death and/or other damages or losses. I also consent that my child may be taken to Eastern Maine Medical Center or another appropriate facility for emergency medical treatment in the event of an injury.

I also consent that sound recording, still photography, film or video images of my child taken under the direction of NEBAA or any private or public reproduction of the same, may be used by the above mentioned sponsors their assignees, in whole or in part, for the purpose of education, information, or illustration in any lawful non-profit manner.

Child's Name: Date:

Social Security Number:
Emergency Phone Number:
Medical insurance Carrier:
Policy Number:
Medications: (name of medication, dosage & times to administer)

Signature of Parent/Legal Guardian:
NEBAA/USABA Sports Education Camps