

Medical Release Approval

Name of Camper

Age: Date of Birth: Grade:

Email

Mailing Address

City State Zip Code

Parent Cell Phone Number

School

Indoor Club Team (if applicable)

How did you hear about us?

Past Health Past Injuries

Present Medications

Allergies

Emergency Contact

Emergency Contact Phone Number

Insurance Company

Policy Holder Policy Number

Walker Beach Volleyball Club has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 in gym environment; however, cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending training sessions could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily agree to the participation terms described above and assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the training sessions and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at training sessions may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, independent contractors, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at training sessions. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Steve & Melissa Walker and Walker Beach, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I verify that my child has been checked by a licensed physician and is physically able to participate in the Steve Walker Sand Volleyball Camp. I hereby forever release the Steve Walker Sand Volleyball Camp, LLC, the directors, officers, employees, volunteers, agents, contractors, and representatives (collectively releases) from any and all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have or may have in the future, for injury, death, or property damage related to my participation in these activities, the negligence or other acts, whether directly connected to these activities or not, and however caused by any Release, or condition of the premise where these activities occur, whether or not I am then participating in these activities. I agree to allow my child to be treated by a first aid provider or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Student Health service or University Medical Center. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim. This camp is not an official function of The University of Arizona. I grant permission to Steve Walker Sand Volleyball Camp to use photographs or any other record of this event for publicity or other legitimate purpose. Steve Walker Sand Volleyball Camps are open to all, limited only by number, age, and/or gender.

Parent/Guardian Signature Date