

**I. Appendix B - Summer 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 his or her parent or guardian) in the activity in University facilities shall hereafter be referred to as “**Participant.**” The University of North Carolina at Chapel Hill, 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.**”

Description of Activity: SUMMER CAMP (Include description, name, and date)

- 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.
- Medical Treatment and Preexisting 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 or himself 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
- 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.
- 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 North Carolina. 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.
- No University Sponsorship:** By signing below, Participant hereby acknowledges and understands that the Activity is a privately run sports camp, and is not operated by or through The University of North Carolina at Chapel Hill. The Activity is neither sponsored, controlled, nor supervised by The University of North Carolina at Chapel Hill but rather is under the sole sponsorship, control, and supervision of the Camp Director.

**I HAVE CAREFULLY READ THIS RELEASE.**

|   |  |             |
|---|--|-------------|
| <u>Name of Participant (Or Parent or Guardian if Participant is Under 18)</u> | <u>Signature of Participant (Or Parent or Guardian if Participant is Under 18)</u> | <u>Date</u> |
|---|--|-------------|

- Individuals (including former UNC student-athletes) who are employed as or serve as liaisons between agents, runners, or financial advisors, or whose employment is in any way related to representation of players, are not permitted to use UNC Athletics Facilities. Recruiting on behalf of or for any agent, advisor, or other professional representative outside the presence of the Department of Athletics Compliance Office in accordance with the Department of Athletics Agent and Advisor Program is strictly prohibited.
- Individuals (including former UNC student-athletes) may not provide material benefits of any kind (e.g., meals, lodging, transportation, clothing, jewelry, training expenses, etc.) directly to any current student-athlete, even former teammates, without the prior express written approval of the UNC Compliance staff.
- Should an individual wish to provide any benefits to any current UNC student-athlete, he/she must, in advance, request permission from the UNC Compliance staff.
- 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, UNC or Department of Athletics policy, or any other regulation or legislation.

**I UNDERSTAND THE ABOVE TERMS AND CONSENT TO ABIDE BY THEM.**

|  |   |             |
|--|---|-------------|
| <u>Name of Participant or Guardian</u> | <u>Signature of Participant or Guardian</u> | <u>Date</u> |
|--|---|-------------|

**II. Appendix C - Emergency Information and Physician's Permission for Camper Participation**

*To be Completed by Camper or Camper's Parent/Guardian:*

Camper Name: \_\_\_\_\_

Camper Age: \_\_\_\_\_

Camper's Grade: \_\_\_\_\_

Camper's Home Phone: \_\_\_\_\_

Camper's Cell Phone: \_\_\_\_\_

Camper's Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City, State, and Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone and Email: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

***\*\*Please attach a photocopy of the front and back of your insurance card.***

*To be Completed by Camper's Primary Physician:*

Date of Last Physical Examination for this Patient: \_\_\_\_\_

Concerns about This Patient's Health of which the Camp should be Mindful:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any reservations about allowing this Camper to participate in this athletic camp on the campus of the University of North Carolina at Chapel Hill, understanding that this camp may include vigorous physical activity?

YES

NO

By signing below, you hereby declare this Patient fit for participation in this Camp.

Physician Name: \_\_\_\_\_

Physician Office Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(circle one) Day Camp

Camp I

Camp II

# MEDICATION AND ALLERGY FORM

Email: [tarheelgymnastics@gmail.com](mailto:tarheelgymnastics@gmail.com)

Mail: UNC Gymnastics P.O. Box 2126, Chapel Hill, NC 27515

My child, \_\_\_\_\_ will be taking the following medications while at gymnastics camp: (print full name)

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My child is allergic to:

foods \_\_\_\_\_

medications \_\_\_\_\_

other \_\_\_\_\_

\*If severe or restrictive food allergy please let us know by email to **tarheelgymnastics@gmail.com** prior to arrival at check in. We will try to accommodate all campers but it may be necessary for you to provide some meals/snacks pay additional cost involved with substitutions. We can only make special arrangements for food allergies.

Please circle the medications camp staff may administer if necessary:

Tylenol      Advil              Antihistamine              Cough Medicine              Tums

Form completed by:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Contact numbers \_( ) \_\_\_\_\_ ( ) \_\_\_\_\_

CAMPER'S NAME \_\_\_\_\_

**PARENTAL CONSENT FORM**

*If there are two parents/guardians, both should read and sign.  
Email, mail or bring this complied and signed form to the check-in.*

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper named on the top of this form. I hereby give permission for the Camp Staff to seek during the period of Camp appropriate medical attention in the event of an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment except for that covered by the Camp's excess medical coverage policy. I understand I am responsible for the Camp's insurance company's deductible if I should use the Camp's insurance company's deductible if I should use the Camp's insurance provider.

I, the undersigned, understand that gymnastics is an active, physical sport and that injuries can and will might take place during training. I also understand that there will be more campers than Camp staff at Camp and that my daughter cannot receive individualized attention and supervision at all times. I hereby acknowledge that our daughter is physically fit and mentally capable of participating in gymnastics and all camp activities.

I, the undersigned, hereby acknowledge and understand that the Tar Heel Gymnastics Camps LLC is a privately-run sports camp and is not operated by or, through the University of North Carolina at Chapel Hill. The Camp is neither sponsored, controlled, nor supervised by the University of North Carolina but rather is under the sole sponsorship and supervision of the Camp Director, Derek Galvin. I waive, release, and forever discharge Derek Galvin, Tar Heel Gymnastics Camps LLC, and the University of North Carolina and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigned from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in Camp activities or while at Camp.

I, the undersigned, give permission for the Tar Heel Gymnastics Camps LLC to take photographs of my daughter while engaged in Camp activities for the sole purpose of advertising and publicity and understand that his identity will remain anonymous in conjunction with any photograph used in marketing.

My signature below indicates that I have provided true information on this form and have read, understand and agree to all statements on this entire form as well as the Camp Registration form.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Camp Medical Waiver

In the event of injury, illness, or other condition that in the judgement of the camp staff needs medical care (whether from a physician, nurse, paramedic, athletic trainer, physical therapist or other medical provider). I hereby give my consent for the camp staff to obtain such care and for such care to be given. I consent to the signing of any releases by the camp staff which may be required by any medical provider and to the release of any information required by the medical provider or insurance companies. I understand that the cost of any medical care is my responsibility and that the camp is not obligated to pay for such care. I understand that participation of my child/ward in the camp is at the sole risk of my child/ward. I assume that risk and hereby indemnify and hold harmless the Tar Heel Gymnastics Camps and staff members and employees from all costs, damages, or other liability arising from any acts of omissions that may occur while my child/ward attends the camp. I understand that my child/ward must be responsible for and capable of administering to herself, without assistance, any medication (insulin, allergy shots, oral medication) that is required as the result of any condition that exists prior to the start of camp. I understand that the Tar Heel Gymnastics Camps is a privately-run camp and is not operated, sponsored, controlled or supervised by or through the University of North Carolina at Chapel Hill, but is under sole sponsorship, control, and supervision of the camp director, Derek Galvin.

Camper's Name \_\_\_\_\_

Parent signature (if Camper is under 18) \_\_\_\_\_

Date \_\_\_\_\_