

WOLFPACK VOLLEYBALL CAMPS MEDICAL RELEASE/WAIVER/HEALTH SCREENING

NAME OF PARTICIPANT: _____

Must be completed by parent/guardian if under 18: In the event of an emergency requiring medical attention, I hereby grant permission to any physician, hospital personnel, athletic trainers, and staff designated by Wolfpack Volleyball Camps

Health History (Check if Applicable)

Allergies: _____ **Asthma:** _____ **Diabetes:** _____ **Heart Condition:** _____ **Kidney Injuries:** _____

Surgery in Past 5 YRS: _____ **High Blood Pressure:** _____

Describe if any are checked:

Any pre-existing injuries that may be aggravated by any volleyball or related activities?:

Health Insurance Company _____ **Policy #:** _____ **Phone:** _____

Family Doctor: _____ **Doctor Phone:** _____

Parent/Guardian Name: _____ **Contact Phone:** _____

Emergency Contact/Phone: _____

**RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT
(WAKE COUNTY, NORTH CAROLINA)**

In consideration for the Attendee being permitted to participate in the Wolfpack Volleyball Camps from [insert dates] ("Activity"), I do waive and release forever any and all rights for claims and damages I may have against Y2K Sports LLC, North Carolina State University, its governing board, officers, agents, employees, and Coach Linda Hampton-Keith ("Coach"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of Y2K Sports LLC, North Carolina State University, its officers, employees, agents, and Coach, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by North Carolina State University and that Coach is providing this instruction or camp outside the scope of his/her employment with NC State. I agree to release, hold harmless, and indemnify Y2K Sports LLC, North Carolina State University, its governing board, its officers, its employees, its agents, and Coach from any and all claims and liability arising out of the Activity.

Signature of Attendee Printed Name of Attendee Date

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent/Guardian Printed Name of Parent/Guardian Date