

UNIVERSITY OF SOUTH ALABAMA

CENTER FOR CONTINUING EDUCATION AND CONFERENCE SERVICES



TELEPHONE (251) 431-6411
2001 OLD BAY FRONT DR., 2ND FLOOR
MOBILE, ALABAMA 36615-1427

RELEASE FROM LIABILITY

To be completed by a participant under 19 years of age and participant's parent or guardian. The participant and parent or guardian must sign in the presence of two (2) witnesses.

TO THE UNIVERSITY OF SOUTH ALABAMA:

I understand that my son/daughter, _____, has the opportunity to participate in _____

(Name)

(Camp)

_____ to be held _____ at the University of South Alabama.

(Camp)

(Date)

I understand that travel to and from the Camp is my responsibility over which the University has no responsibility or control. In the event of inclement weather, my child may be transported by camp staff to an enclosed facility either on or off the University of South Alabama campus. Further, participation in the Camp is voluntary, and the undersigned are aware of, and agree to abide by the rules and regulations of the camp.

In consideration for the University of South permitting my child the opportunity to participate in this activity, I, in full recognition and appreciation of any risks, hazards or dangers inherent in this activity to which my child may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in such activity, with the full knowledge and understanding that transportation to and from the program is not the responsibility of the University of South Alabama. Further, I do myself agree to hold harmless and indemnify, release and further discharge the University of South Alabama, and all of its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in and which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees during the period of the student's participation as aforesaid.

I fully understand the risks involved in my child's participation in this activity including risks in physical activities which will include swimming under supervision of a lifeguard. My child is physically able to participate in such activities. I understand that the University of South Alabama and its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this Release to be executed on _____ day of _____, 2005.

Parent/Guardian Signature

Witness

Date

Date

Camper Signature

Witness

Date

Date

THIS FORM MUST BE RETURNED PRIOR TO FIRST DAY OF CAMP

PHOTOGRAPHIC RELEASE

I authorize the University of South Alabama Center for Continuing Education and Conference Services to photograph, video, and/or audio tape my child for promotional use of the University of South Alabama Camps Program.

I do not authorize the University of South Alabama Center for Continuing Education and Conference Services to photograph, video, and/or audio tape my child for promotional use of the University of South Alabama Camps Program.

Signature of Parent/Guardian: _____ Date: _____ Relationship: _____

Name of Camp: _____ Date of Camp: _____