



FOR INDIVIDUALS UNDER 18 YEARS OF AGE
Authorization to Reproduce Physical Likeness / Voice and or Name
Student Work for Educational, Marketing and Advertising Purposes

First and Last Name of Individual

First and Last Name of Parent / Guardian

Address of Individual

Address of Parent or Guardian

Telephone Number of Individual

Telephone Number of Parent or Guardian

REPRODUCTION RIGHTS

I HEREBY GRANT TO THE KING'S UNIVERSITY, including its employees, agents, assigns, or other third party as the University may authorize on its behalf, the nonexclusive right to

☐ Photograph ME

☐ Make recordings of MY VOICE

☐ Make combined audio-visual recordings of ME and MY VOICE

I CONSENT TO THE USE OF THESE RECORDINGS BY THE KING'S UNIVERSITY for educational materials, publications and websites and other consistent purposes. I hereby assign and transfer to The King's University all rights to these audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of The King's University, worldwide, in perpetuity.

Intended uses:

The King's University promotional materials including websites, social media, brochures and activity guides

CONSENT TO DISCLOSE IDENTITY

Individual's identity, as indicated below,

☐ MAY ☐ MAY NOT be included in the resources listed above as developed and published in print, electronic, or digital format, including any authorized The King's University website, such as **www.kingsu.ca** . **Consent takes effect when this agreement is signed.**

☐ **FIRST AND LAST NAME**

☐ **FIRST NAME ONLY**

Signature of Guardian

Date

PROTECTION OF PRIVACY

The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act*, and will be protected under Part 2 of that *Act*. It will be used for the purpose of educational, marketing and/or advertising purposes as agreed to above. Questions concerning the collection, use and disposal of this information should be directed to: The King's University Office of Information: Phone: 780-465-3500. Email:

This form will be placed on file with the coaching staff and retained in accordance with approved records retention schedules. Also note that consents may be revoked at any time by so indicating, in writing, to The King's University via the contact information listed above.



INFORMED CONSENT AGREEMENT – UNDER 18 YOUTH VOLLEYBALL CAMP
(Form valid for programs during 2017 calendar year)

Participant Full Name	Birthdate	Parent/Guardian Full Name	
Address	City	Postal Code	PHONE NUMBER
Email			

DISCLAIMER CLAUSE

The King's University, the Board of Directors of The King's University and their officers, agents, contractors, employees, coaches, instructors, trainers, volunteers, members and representatives (all hereafter collectively referred to as "the University"), are not responsible for any participant's death, injury, loss or damage of any kind sustained by any person while registered as a participant of The Youth Volleyball Camp programming except to the extent that such injury, loss or damage was caused by the negligence of the University.

DESCRIPTION OF ACTIVITIES

The following are activities that your child may participate in during our programming:

- Team Sports: Volleyball
- Movement Skills, Agility, Balance, Coordination, Speed, Strength, Endurance, Flexibility
- Fitness Instruction: Stability, Strength, Cardiovascular Training
- Cooperative Games: Locomotor, Object Manipulation, Body Skills

ASSUMPTION OF RISKS

In consideration of my child's participation in Youth Volleyball Camp programming and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible risks, dangers and hazards associated with being a participant, including the possible risk of severe or fatal injury to my child or others. By initialing (at the right, and signing below), I acknowledge that I have read and understand this agreement. These risks include, but are not limited to:

- All manner of injuries resulting in muscular injuries and soft tissue injuries including bruises, scrapes, cuts, etc, from executing strenuous and physically demanding physical techniques, collisions with the wall, floor, uneven playing surfaces, contact with other participants (including spotters whose role is to enhance safety and learning) and failure in proper use of equipment either by my child, or other participants of the University;
- All manner of injuries resulting from the mechanical failure of apparatus/equipment;
- All manner of injuries resulting in dislocations, concussion, hematomas, whiplash, contusions, sprains, pulled or strained muscles, knee injuries, and broken bones;
- Transmission of diseases through contact with University staff or other participants resulting in death, disease or other illnesses;
- All manner of head, neck, spinal, facial, eye, nose and/or dental injuries;
- All manner of injuries resulting from heat cramps, and heat stroke during hot summer days; All manner of injuries and/or death that may result from transition between facilities;
- That my child's risk of injury increases as they become fatigued

Initials: _____

Current Medical Conditions

In the box below, please list any medical conditions that Camp staff should be aware of for the well-being of your child (i.e. allergies, previous concussions, etc.)

ACKNOWLEDGEMENT OF RESPONSIBILITIES

The parent/guardian and the participant understand and acknowledge the following:

- To follow all the instructions and rules given by those responsible for or in charge of the above noted Camp and all related activities while my child is a participant and participating in the above noted Camp.
- I understand and accept that the instructions and rules that are in place to provide a safe environment for the entire camp;
- To obey all the rules and regulations pertaining to the above noted camp and all related activities.

Initials: _____

CONDITIONS OF REGISTRATION

The parent/guardian and the participant understand and acknowledge the following:

- That the participant sees a licensed medical practitioner on a regular basis and to the best of my/our knowledge is physically and mentally able to participate in all activities associated with the registered program.
- That the participant will wear full protective equipment demanded by the sport and that the equipment brought to the camp with him/her meets or exceeds all minimal CSA or Sport governing body standards;
- Should the participant be injured during the registered program, I/we give permission for The King's University staff to provide first responder treatment and contact EMS.

Initials: _____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, that I understand, appreciate and accept the risks associated with my child's participation in The King's University Youth Volleyball Camp programming and all related activities at The King's University. As the parent / guardian for the participant, I consent for my child's participation in The King's University Youth Volleyball Camp programming and all related activities.

Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date Signed _____

Name of Witness _____ Signature of Witness _____ Witness Phone Number _____ Date Signed _____
(not a family member)

The personal information requested on this form is collected under the authority of section 33(C) of The Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering The King's University Youth Volleyball Camp programming offered by The King's University. Questions concerning the collection, use or disposal of this information should be directed to: The King's University Information Department. The witness information is being collected to verify the validity of the person who is signing as a witness to this document. Signed documents must be filed by the University and kept for the duration of the Youth Volleyball Camp 2017.



Permission to Administer an EpiPen – The King's University Youth Volleyball Camp

POLICY

It is the responsibility of the parent or guardian to inform The King's University of the participant's allergy and EpiPen requirement during the camp registration process. At the start of each camp day the parent or guardian of the participant or the participant themselves must sign in with their EpiPen present. The EpiPen must be kept with the participant at all times. EpiPens signed in with camp staff at the start of the day will be checked for expiration dates. The King's University staff are trained on recognizing the signs and symptoms of anaphylactic shock and on administering EpiPens. If a participant is exhibiting the symptoms of anaphylactic shock and is unable to administer the EpiPen on their own, a staff member will administer the EpiPen and contact EMS. In order to participate in camp, the parent or guardian of the participant must consent to this policy.

DISCLAIMER

The Governors of The King's University and their agents, officials, officers, directors, employees, volunteers, contractors, or representatives (hereafter referred to as "the University") are not responsible for any death, injury, loss or damage of any kind suffered by any person who is administered an EpiPen.

DESCRIPTION OF RISKS

Anaphylaxis is a severe allergic response to specific triggers such as foods, medications, insect venom, or latex. The most common signs of this life-threatening allergic reaction are swelling of the throat or tongue, constricted breathing, and/or sudden outbreak of hives. Anaphylaxis can be fatal within minutes; either through swelling that shuts off airways, or a dramatic drop in blood pressure. An EpiPen is a fast-acting epinephrine injector that could save the life of someone who is experiencing an anaphylactic reaction.

RELEASE OF LIABILITY AND INDEMNIFICATION

I AGREE TO BE SOLELY RESPONSIBLE for any death, injury, loss, or damage that my child may sustain from the administration of any EpiPen. I further agree to release, forever discharge and agree to indemnify and hold harmless the University from and against liability for any and all claims, demands, actions, and costs which might arise out of the administration of an EpiPen to my child even though such claims, demands, actions and costs which may have been caused by the negligence of the University.

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ the above Disclaimer, Description of Risks and Release of Liability and Indemnification. I also acknowledge that I understand, appreciate, and accept the risks associated with the administration of an EpiPen to my child and that I have executed this permission voluntarily on behalf of my child.

CONSENT

I grant permission to "the University" to administer an EpiPen AND contact EMS if my child has an anaphylactic reaction.

Signed this _____ day of _____, 20____ in Edmonton, Alberta.

Printed Name of Parent/Guardian Signature of Parent/Guardian

Printed Name of Witness Signature of Witness