

2018 NEBRASKA WRESTLING INDIVIDUAL CAMP APPLICATION

EVERY INDIVIDUAL ATTENDING CAMP - STUDENT OR COACH - NEEDS TO COMPLETE AN APPLICATION

INDIVIDUAL CAMPS

YOUTH CAMP - June 11-13 Postmark Deadline: May 31 Camper <input type="checkbox"/> \$150	INTENSIVE CAMP - June 11-22 Postmark Deadline: May 21 Camper <input type="checkbox"/> Live-In \$1,250 <input type="checkbox"/> Commuter \$875 Coach <input type="checkbox"/> Live-In \$700 <input type="checkbox"/> Commuter \$450	TAKEDOWN CAMP - June 22-24 Postmark Deadline: June 8 Camper <input type="checkbox"/> Live-In \$290 <input type="checkbox"/> Commuter \$220 Coach <input type="checkbox"/> Live-In \$125 <input type="checkbox"/> Commuter \$70
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CAMPERS ONLY: Must fill out if attending camp

Name of Camper _____ Roommate Request _____
Parents or Legal Guardian _____ Parent Cell Phone _____
Address _____ Email _____
City _____ State _____ Zip _____
Grade next year _____ Shirt Size _____ Wrestling Weight Class _____ lbs. Current Weight _____ lbs.
Accident & Medical Insurance Company _____ Policy Number _____
Insurance Company Address _____ Policy Owner _____

COACHES ONLY: Must fill out if attending camp

Name of Coach _____ Head Coach Assistant Coach School/Team _____
Address _____ Email _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Team Coaching _____

TO: NEBRASKA WRESTLING CAMP

Liability Waiver:

This is the application for enrollment of _____ (camper's name) in the Nebraska Wrestling Camp on the above dates. I grant permission to the camp director, assistants or assigned chaperones of the camp to act on my behalf for said minor in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I can not be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician, such as x-ray examinations and anesthesia to be rendered to said minor. In addition, I hereby release the Board of Regents of the University of Nebraska and all its employees from all claims on account of any injuries that may be sustained by my child while attending the Nebraska Wrestling Camps. I also agree to indemnify the Board of Regents of the University of Nebraska and its employees for any claim, which may hereafter, be presented to my minor child as a result of any such injuries. This camp admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin, or sexual orientation.

Youth Activity Safety Policy:

The University of Nebraska-Lincoln's Youth Activity Safety Policy includes safe interaction guidelines including sex offender registry checks for Activity Workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational and enjoyable activity/program experience. All Activity Workers must successfully pass a sex offender registry search for Nebraska and the state(s) they reside. All Activity Workers driving activity vehicles must successfully pass a Driving Record Check. All UNL activities will comply with UNL's Youth Activities Safety Guidelines. I also grant permission for the Nebraska Wrestling Camp to use photographs of my child for publicity, advertising, or other commercial purposes.

Disciplinary Action:

The activity directors of the Nebraska Wrestling Camps reserve the right to immediately dismiss any youth from the activity, clinic or conference who is found to have violated behavioral expectations. Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth's dismissal. NO REFUNDS FOR DISCIPLINARY REMOVAL.

Parent/Guardian Signature _____ Date Signed _____ Cell # _____

CAMPER MEDICAL INFORMATION

Medications currently taking: _____
Allergic reactions to: _____
Food Allergies: _____
Any past illnesses or other information that would be useful in the event medical treatment is necessary: _____
MUST INCLUDE a copy of the camper's physical form from the 2017-18 school year OR have doctor signature and verification of the following:
I hereby certify that (camper's name) _____ is physically fit to participate in an active wrestling program and that I know of no physical impairments which would in any manner limit the camper's participation in such a program.
Doctor's Signature _____ Date Signed _____

PLEASE MAKE CHECKS PAYABLE TO:

NEBRASKA WRESTLING CAMPS **QUESTIONS?** huskerwrestlingcamps@gmail.com
A \$100 nonrefundable deposit OR full payment must accompany application phone: 402-417-0687

TOTAL AMOUNT ENCLOSED \$ _____

MAIL COMPLETED APPLICATION TO:
NEBRASKA WRESTLING CAMPS
C/O Ellen Shutts
110 Hendricks Sports Complex
Lincoln, NE 68588-0652

CAMPER CHECKLIST:
____ Completed Application
____ \$100 Deposit or Full Payment
____ Physical Form or Dr. Signature

OFFICE USE ONLY: Date Received _____ Amount Received _____ Amount Owes _____ Physical/Doctor _____

A COPY OF THIS APPLICATION IS AS VALID AS THE ORIGINAL

Exhibit F.1

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: The UNIVERSITY OF NEBRASKA and NEBRASKA WRESTLING CAMPS, LLC are NOT RESPONSIBLE for any injury or loss of property to any person suffered while warming up, practicing, traveling, playing, or participating in **Camp Activities** for any reason whatsoever, including ordinary negligence.

This **WAIVER** and **RELEASE OF LIABILITY** was executed this ____ day of _____ 2____, by

_____, (**Releasor**) in favor of the **UNIVERSITY OF NEBRASKA and NEBRASKA**

WRESTLING CAMPS, LLC and its Regents, Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns (University and Camp).

The **Releasor** serves as a parent/guardian whose child (camper) wishes to participate in **Camp Activities**. In consideration for the privilege of participation in the program, the **Releasor** consents and agrees to the following:

1. **Releasor** certifies that camper is physically capable of participating in Camp Activities and that he/she will take responsibility for physical fitness and capability to perform under normal conditions in these Activities. **Releasor** is encouraged to get camper physician's opinion prior to participating in these Activities. In the event of a medical emergency, the University of Nebraska or NEBRASKA WRESTLING CAMPS, LLC, or its representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expenses involved.
2. **Releasor** realizes that camper participation in these Activities involves certain risks and danger and may be a vigorous activity involving severe respiratory and cardiovascular stress. **Releasor** has hereby been made aware that participation in these Activities has the following non-exclusive list of certain risks which I accept: death; head, eye, neck, and spinal injury resulting in complete or partial paralysis; brain damage; heart attack; blisters; cuts; lacerations; abrasions; concussions; contusions; strains; sprains; dislocations; fractures; cold and heat injuries; water immersion; drowning; lightning strikes; injury to bones, joints, muscles, internal organs; and environmental conditions. In addition, I understand and accept the incidental risks of travel to and from the site of activity; participation at sites that may be remote from available medical assistance; and the possible reckless conduct of other participants.
3. Consequently, while understanding that the **University and Camp** has taken precautions to provide organization, supervision, and equipment for reasonable safety, **Releasor** assumes joint and personal responsibility for safety while camper is participating in these Activities.. **Releasor** accepts personal responsibility to ensure that any equipment needed to participate in these Activities and used by the **camper** is safe and functioning properly and to refrain from causing loss or damage to the property of the **University and Camp**. **Releasor** realizes that he/she is solely responsible for any personal equipment, supplies, or property camper may choose to use during the duration of the activity.
4. **Releasor** further agrees to indemnify and hold harmless the **University and Camp** for any and all claims or actions as a result of engaging in, using **University and Camp** facilities and equipment, or any activities incidental thereto whatsoever, whenever, or however the same may occur.

5. **Releasor** is aware that if he/she uses a vehicle not operated by the **University and Camp** for transportation to, at, or leaving the activity site, the **University and Camp** is **NOT** responsible for any damage caused by or arising from **Releasor's** use of such vehicle. Furthermore, **Releasor** acknowledges that he/she is solely responsible for any action the camper takes outside the scope of those actions permitted by the **University and Camp** for purposes of the particular activity regardless if occurring before, during, or after the duration of the activity.

6. In consideration of participation in these Activities, **Releasor** hereby **RELEASES** and covenants not-to-sue the **UNIVERSITY and NEBRASKA WRESTLING CAMPS, LLC** for any and all present and future claims resulting from ordinary negligence on the part of the **UNIVERSITY NEBRASKA WRESTLING CAMPS, LLC** for property damage, personal injury, or wrongful death arising as a result of camper engaging in, using **University and Camp** facilities and equipment, or activities thereto, wherever, whenever, or however the same may occur. **Releasor hereby voluntarily waives** any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by **Releasor's family, estate, personal representative, heirs, or assigns.**

I have read and understand that this **WAIVER** is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska and agree that if any part is held invalid, the remaining parts of this **WAIVER AND RELEASE** will continue in full force and effect as intended. I further agree the venue for any legal proceeding shall be in the State of Nebraska.

I understand the rights that I am **waiving** and that I am freely signing this **WAIVER AND RELEASE**. I have read and fully understand that by signing this agreement I am giving up legal rights and remedies, which may be available to me for ordinary negligence of the **University and Camp**. I further agree to follow and abide by the regulations and rules of the **UNIVERSITY and NEBRASKA WRESTLING CAMPS, LLC** as they pertain to said Activities and to reimburse and make good to the **UNIVERSITY and NEBRASKA WRESTLING CAMPS, LLC** any loss, damage, or cost the **UNIVERSITY and NEBRASKA WRESTLING CAMPS, LLC** may have to pay as a result of my participation in the program.

RELEASOR (Signed)	RELEASOR (Printed)	Date
(Parent/guardian signature is required here)		

RELEASOR (Signed)	RELEASOR (Printed)	Date
(If Camper is age 18 or older, camper signature is required here in addition to parent/guardian signature above)		