

# USSC Youth Health & Release Forms

Please complete all sections below in ink. These Health and Release Forms apply to all U.S. Sports Camps, LLC ("USSC") camps, programs, and/or events that the Camper named below attends.

## 1. Camper Information

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

Assigned Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

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

Parent/Guardian Email: \_\_\_\_\_

## Parent/Guardian Information

### Parent/Guardian 1

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

Relationship to Camper: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

### Parent/Guardian 2

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

Relationship to Camper: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

## Authorized Pick-Up & Emergency Contacts

I give permission to the following individuals to pick up my child from camp.

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## 2. General Health History

Does the Camper have any severe or life-threatening allergies? **Yes** \_\_\_\_ **No** \_\_\_\_

Does the Camper use an asthma rescue inhaler? **Yes** \_\_\_\_ **No** \_\_\_\_

Does the Camper need to carry an epinephrine autoinjector (EpiPen)? **Yes** \_\_\_\_ **No** \_\_\_\_

**List and explain all allergies:** \_\_\_\_\_

\_\_\_\_\_

Does the Camper have any major health concerns? **Yes** \_\_\_\_ **No** \_\_\_\_

Discuss any medical conditions or history that will help us provide a safe and enriching experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the Camper have any conditions that would limit or restrict camp activities? **Yes** \_\_\_\_ **No** \_\_\_\_

If yes, please describe any restrictions:

\_\_\_\_\_

\_\_\_\_\_

### Immunizations

Check each box to indicate that the Camper has received up-to-date vaccinations for their age:

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Polio                  | <input type="checkbox"/> Measles, Mumps, Rubella (MMR) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Varicella (Chickenpox) | <input type="checkbox"/> Meningococcal Meningitis      | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Influenza              | <input type="checkbox"/> Other: _____                  |                                      |

**Year of Last Dose Diphtheria, Tetanus, Pertussis (DTaP/TdaP)** \_\_\_\_\_

**Yes** \_\_\_\_ **No** \_\_\_\_ Camper has NOT been fully immunized due to biophysical or personal choice reasons?

If yes, please sign: Because our camp programs have a potential for communicable diseases, we recommend that program Campers are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, pertussis (whooping cough), and diphtheria. This being said, USSC recognizes that some individuals may not be fully immunized for reasons that are biophysical (e.g., the individual is allergic to a serum component) or of personal choice (e.g., faith belief). *I understand and accept the risks to my child from not being fully immunized.*

**Signature:** \_\_\_\_\_

### 3. Medication Authorization

The Camper may self-administer their asthma rescue inhaler **Yes** \_\_\_\_ **No** \_\_\_\_

The Camper may self-administer an epinephrine autoinjector (EpiPen) **Yes** \_\_\_\_ **No** \_\_\_\_

The Camper may self-administer their own insulin **Yes** \_\_\_\_ **No** \_\_\_\_

#### Over-the-Counter Medications

I permit the Camp Staff to administer the following over-the-counter medications (if available):

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil/Motrin) | <input type="checkbox"/> Antacid      |
| <input type="checkbox"/> Antihistamine           | <input type="checkbox"/> Cough Drops              | <input type="checkbox"/> Other: _____ |

#### Topical & Comfort Supplies

If the Camper needs help, I permit the Camp Staff to provide and/or apply the following (if available):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sunscreen          | <input type="checkbox"/> Insect Repellent                   | <input type="checkbox"/> Asthma Inhaler |
| <input type="checkbox"/> First Aid Ointment | <input type="checkbox"/> Epinephrine Auto-Injector (EpiPen) | <input type="checkbox"/> Eye Drops      |

#### Prescription Medications

Do you intend to send medications with your Camper for the Camp Staff to administer? **Yes** \_\_\_\_ **No** \_\_\_\_

If yes, list all medications the Camper will be taking during camp:

Medication Name	Dosage & Route	Frequency / Times / Meals	Notes

#### Physician & Insurance Information

Physician's Name: \_\_\_\_\_

Carrier Name: \_\_\_\_\_

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

Physician's Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

## 4. Participation Standards

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As a Camper, you're joining a community built on **Fun, Respect, Responsibility, and Sportsmanship**. These Participation Standards are designed to help all camps provide a safe, positive, and inclusive environment for everyone. Each independently operated camp is responsible for implementing standards and may set additional rules or procedures specific to their location.

### PARTICIPATION & ATTENDANCE

- Campers are expected to participate fully and stay with their assigned group.
- If you feel sick, injured, or uncomfortable or have concerns about groupings or activities, please speak with a staff member right away.
- Leaving camp early requires permission from the Camp Director.
- Refunds are not issued for missed participation, including illness or injury.

### BEHAVIOR & CONDUCT

- Treat everyone (Campers, staff, and facility personnel) with kindness and respect.
- Bullying, harassment (including racist, discriminatory, or sexual), teasing, threats, violence, theft, or abuse of any kind will not be tolerated.

### TECHNOLOGY & DEVICES

- To promote focus and engagement, cell phones and personal devices should be used only during approved times or in designated areas.
- Any digital content must be age-appropriate and align with camp values. Inappropriate content (violent, sexual, discriminatory, or illegal) is strictly prohibited.
- One-on-one communication between campers and camp staff is not permitted (e.g., phone, text, email, or social media).

### PROPERTY & SAFETY

- Leave valuables at home. The Camp Director, USSC, Nike USA, Inc., and host facilities are not responsible for lost or stolen items.
- Respect all camp and host property. Damage, vandalism, or misuse will result in charges to the Camper's family.
- Possession or use of tobacco, cannabis, alcohol, drugs, weapons, fireworks, or flammables is strictly forbidden. Bags, rooms, and common areas may be inspected at any time.

### OVERNIGHT CAMP GUIDELINES

- Campers must remain in their assigned dorms after lights out; any changes or exceptions are determined by the Camp Director.
- Do not enter another Camper's room without permission. Boys are not allowed in girls' rooms and vice versa.
- Quiet hours, curfew, and visitation rules are strictly enforced.
- After lights out, devices must be turned off.
- Respect your roommates, their space, and their belongings.

### REPORTING & ACCOUNTABILITY

If you witness inappropriate behavior or policy violations by Campers or staff, please report it immediately:

- 1-800-645-3226
- [reports@ussportscamps.com](mailto:reports@ussportscamps.com)
- USSC Child Abuse Report <https://www.ussportscamps.com/report-abuse>

### CONSEQUENCES & EXPULSION

Campers who violate these rules, require 1:1 supervision, or pose a safety risk may be dismissed from camp. Immediate expulsion may result from:

- Acts or threats of violence
- Possession or use of weapons, drugs, alcohol, nicotine or tobacco
- Theft, vandalism, or harassment
- Sexual misconduct, hazing, or racist language or behavior

Parents/guardians must pick up expelled Campers immediately. No refunds or credits will be issued.

**Initials:** \_\_\_\_\_

**I acknowledge that I have carefully read the above Participation Standards and understand its contents. By providing my initials I hereby agree to the Participation Standards on behalf of my Camper and confirm that I have made my Camper aware of these Participation Standards.**

## 5. CONCUSSION INFORMATION AND ACKNOWLEDGMENT

This sheet, created by the [CDC Heads Up program](#), has information to help protect your children or teens from concussion or other serious brain injury. Please review with your Camper and have both of you sign the bottom.

### What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

### How Can I Help Keep My Children or Teens Safe?

To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

### How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

#### Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to or after a hit or fall

#### Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, they have one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

**Talk with your children and teens about concussion.**

Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

**Concussions Affect Each Child and Teen Differently**

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

To learn more, go to <https://cdc.gov/HEADSUP>

**I have learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.**

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have read this fact sheet and talked with my child or teen about what to do if they have a concussion or other serious brain injury.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 6. AUTHORIZATION FOR MEDICAL CARE

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On behalf of myself and the Camper, I acknowledge and agree as follows:

1. I am the parent or legal guardian of the Camper. The Camper is capable of safely participating in the Camp and related activities, and all activity restrictions, allergies, and medications applicable to the Camper are listed in the forms above.
2. I consent to emergency medical treatment or first aid in the event such care is required as determined by USSC or the operator of the Camp or the operator's staff. I acknowledge and agree that if I am not available to confirm or deny medical care or action for my child, my child will be transported to the nearest medical facility, and the medical professionals at that facility will make a determination regarding treatment.
3. I understand that it is important that USSC and the Camp have my permission to share the medical care and emergency contact information of the Camper with the involved Camp staff. My signature below authorizes these individuals to access the Camper's medical and emergency records on file with USSC and/or the Camp and to share this information with involved Camp staff or emergency medical personnel, hospital, or other health care professional who evaluates, diagnoses, or treats an injury, illness, or other condition incurred by the Camper, as deemed necessary by Camp staff.
4. I understand and acknowledge that I am responsible for, and agree to fully pay, all costs of medical care incurred by the Camper and rendered pursuant to the authorizations given in this Authorization for Medical Care, including, but not limited to, the cost of medical evacuation, paramedic transportation, hospitalization, and any examination, x-ray, or other treatment provided in the event of a medical emergency. I agree to the use of my/my Camper's personal medical insurance as the primary coverage if an accident, injury, or illness occurs and medical attention is needed while Camper is participating in Camp. I further understand and agree that my/my Camper's personal medical insurance is primary and non-contributory to any insurance that USSC and/or the Camp may carry.

**Initials:** \_\_\_\_\_

**I acknowledge that I have carefully read the above Authorization for Medical Care, and that I understand its contents. By providing my initials next to this paragraph, I hereby agree to the Authorization for Medical Care.**

## 7. Agreement to Arbitrate Disputes

To the fullest extent permitted by law, the parties agree that any dispute, claim, or controversy, arising out of or relating to these Health and Release Forms or their breach, enforcement, interpretation or the validity thereof, including the scope or applicability of this agreement to arbitrate, and/or any claim relating to Camper's participation at or in the Camp shall be determined solely by final and binding arbitration before a single neutral arbitrator. This arbitration obligation will apply to all disputes between Camper and/or his/her/their Parent or Guardian, on the one hand, and U.S. Sports Camps, LLC, Nike USA, Inc., the entity or individual operating the Camp, and the owner of the facility at which the Camp is operated (and their respective directors, officers, employees, officials, affiliates, sponsors, hosts, agents, assigns, subsidiaries, owners, partners, and joint venturers), on the other hand. **THE PARTIES HERETO UNDERSTAND AND ACKNOWLEDGE THAT THEY ARE WAIVING THEIR RIGHT TO A JURY TRIAL IN CONNECTION WITH ANY MATTER REQUIRED TO BE SUBMITTED TO ARBITRATION HEREUNDER.**

Any arbitration shall take place in the County of San Francisco, California, unless the parties mutually agree upon another location. The arbitration shall be administered by JAMS in accordance with the then existing JAMS Comprehensive Arbitration Rules & Procedures. A copy of those rules is available on the JAMS website located at <http://www.jamsadr.com/rules-comprehensive-arbitration/>, and a hard copy can be made available to Parent/Guardian upon request. Judgment on the award may be entered in any court having jurisdiction. Any arbitration conducted pursuant to the terms of this Agreement shall be governed by the Federal Arbitration Act.

The arbitrator shall have the power to control discovery and to make all other determinations that the parties' mutual agreement or the then-existing JAMS Comprehensive Arbitration Rules & Procedures may permit. The arbitrator shall have authority to award monetary damages, attorneys' fees, costs, and any and all remedies that would be available in court, and the arbitrator's decision of whether or not to award such damages, fees, costs and remedies shall be based on the JAMS Comprehensive Arbitration Rules & Procedures and on the statute and/or common law upon which the arbitrated claim(s) is/are based. The parties agree that the arbitrator's award will be final and binding on both parties.

The parties agree that they may bring claims against one another only in an individual capacity and not as a class representative, member of any purported class, and/or in a collective, representative, or aggregate proceeding. The parties expressly waive, to the maximum extent permitted by law, the right to bring or participate in, any claim as part of any class, collective, representative or aggregate proceedings. The arbitrator shall not consolidate proceedings involving more than one person's or entity's claims and shall not authorize or preside over any form of class, collective, representative, or aggregate proceeding.

If any aspect of this arbitration agreement is found by an arbitrator or a court to be incomplete or unlawful, then that determination will not render any other portion of the provision invalid or unenforceable, and the balance of the provision shall remain in full force and effect.

**Initials:** \_\_\_\_\_

**I acknowledge that I have carefully read the above Agreement to Arbitrate Disputes, and that I understand its contents. By providing my initials next to this paragraph, I hereby agree to the Agreement to Arbitrate Disputes.**

## 8. Media Release

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I understand that the Camp may be photographed, filmed, videotaped, or otherwise recorded, and I grant, release, and quitclaim to U.S. Sports Camps, LLC and its affiliates, NIKE USA, Inc. and its affiliates, the Operator of the Camp and its affiliates, and other USSC sponsors and advertisers (the “**Grantees**”), a royalty-free, worldwide right and authority in perpetuity to use the Camper’s name, photograph, likeness, recorded voice, videotaped filmed appearances or other image (“**Likeness**”), in any form and for any purpose, without approval by or compensation to me, the Camper or any third party. The foregoing includes, without limitation, use of the Camper’s Likeness in any media including, but not limited to, print, electronic, digital and/or on the Internet and social media, both during and after the Camper attends the Camp. I understand and agree that no Grantee is responsible for third party use of material that is copied or used without the Grantee’s permission. I further agree that U.S. Sports Camps, LLC may share my and the Camper’s personal information, with NIKE USA, Inc. for direct marketing purposes. I understand and agree to USSC’s [Privacy Policy](#).

[Media Release FAQ](#)

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**Initials:** \_\_\_\_\_

**I acknowledge that I have carefully read the above Media Release, and that I understand its contents. By providing my initials next to this paragraph, I hereby agree to the Media Release.**

## 9. Release of Liability and Indemnity

**THIS IS A RELEASE. BY SIGNING BELOW, YOU AND YOUR CHILD WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ IT CAREFULLY.**

In consideration of the Camper participating in the Camp and its related activities, and as a condition thereof, I am signing this Release of Liability and Indemnity (this “**Release**”) on behalf of myself and the Camper. This Release is made in favor of U.S. Sports Camps, LLC, Nike USA, Inc., the entity or individual operating the Camp, and the owner of the facility at which the Camp is operated (and their respective directors, officers, employees, officials, affiliates, sponsors, hosts, agents, assigns, subsidiaries, owners, partners, members, and joint venturers) (collectively, the “**Released Parties**”).

On behalf of myself and the Camper, I acknowledge and agree that:

1. The risk of injury and/or loss from participating in Camp activities is always present due to the nature of the Camp, regardless of the care used, the skill or experience possessed, or the precautions taken by me, the Camper or anyone else, including any of the Released Parties. I am aware that participation in the Camp can cause physical and/or psychological injury, including, but not limited to, serious permanent bodily injury, paralysis, illness and/or death to the Camper or others, and/or damage to the Camper’s or others’ belongings. The Camper and I voluntarily elect, with knowledge of the risks involved, for the Camper to participate in the Camp.
2. Participating in the Camp may expose the Camper to contagious diseases and/or illnesses, such as, for example, coronavirus (COVID-19), influenza, and the common cold. These diseases spread easily through person-to-person contact and may be spread by persons who are not exhibiting any symptoms. **These diseases can lead to severe illness, personal injury, permanent disability, and death. Participating in the Camp increases the risk of becoming infected and/or ill. I acknowledge and agree that such risks are part of the risks and hazards that the Camper and I assume and release as set forth in this Release.**
3. I knowingly and freely accept and assume all risks, damages, and hazards associated, directly or indirectly, with the Camper’s participation in the Camp, whether known or unknown, whether caused by the action, inaction, or active or passive negligence of the Camper, any of the other Released Parties, or otherwise.
4. **I agree not to make a claim against or sue the Released Parties for, and I release, forever discharge, and will hold harmless the Released Parties, and each of them, from and against any and all claims, actions, demands, rights, causes of action, losses, liabilities, costs and expenses, including attorneys’ fees, arising from or in connection with any injury or disability (whether physical or emotional), illness, death, or loss or damage to person or property that may be sustained or suffered by me, the Camper, or by any other person as a direct or indirect consequence of the Camper’s participation in the Camp, whether caused by the action, inaction or active or passive negligence of me, the Camper, any of the Released Parties, any third parties, or otherwise; provided, however, that this Release does not apply to liability for gross negligence, willful injury or fraud.**
5. I hereby agree to indemnify, defend and hold harmless the Released Parties, and each of them, from and against any and all losses, damages, liabilities, judgments, penalties, fines, costs and expenses, including attorneys’ fees, arising out of or in connection with any third party claim that arises out of or relates to the Camper’s participation in or attendance at the Camp. I understand and agree that I am responsible for any and all damages, losses, and expenses incurred by a Released Party arising out of or related to the Camper’s conduct.
6. If I have any concerns regarding the Camper’s readiness for participation in the Camp and/or the Camp itself, I will remove the Camper from participation and bring such concerns to the attention of the Camp staff immediately. I understand and acknowledge that my Camper’s removal from Camp will be determined solely at the discretion of any of the Released Parties, and I will have no recourse or be owed any refund for such removal.
7. If any term or provision of this Release is determined to be illegal, unenforceable, or invalid in whole or in part for any reason, such provision shall not affect the legality, enforceability, or validity of any other provision of this Release and such provision shall be reformed and construed so that it will be legal, enforceable, and valid to the maximum extent permitted by law. This Release will survive the completion of the Camper’s participation in the Camp and will continue in full force and effect thereafter.
8. I have read this Release carefully and fully understand all its terms and provisions. I have knowingly and voluntarily agreed to this Release understanding the risks to me and the Camper and have done so of my own free will, without relying on any statement or representation of any of the Released Parties. I understand that this Release is the entire agreement between me and the Released Parties with respect to the subject matter hereof and that this Release cannot be modified or changed in any way by oral statements by any of the Released Parties or by the Camper or me. I understand that, in the event of any dispute against the Released Parties, this Release may be raised as a defense and bar to, and as a waiver and release of, legal rights that might otherwise be asserted by me, the Camper, or any of my or the Camper’s heirs, assigns, personal representatives or survivors.

California Residents: I acknowledge that I have been advised or had the opportunity to be advised by legal counsel, and I understand, my waiver shall include the provisions of California Civil Code Section 1542 (“Section 1542”), which provides as follows:

**A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.**

Notwithstanding the provisions of Section 1542, being aware of Section 1542, I hereby expressly and voluntarily waive any rights I, my Camper, my personal representatives, executors, heirs, next of kin and any other on my behalf, may have thereunder, as well as under any other statutes or common law principles of similar effect.

**Initials:** \_\_\_\_\_

**I acknowledge that I have carefully read the above Release of Liability and Indemnity, and that I understand its contents. By providing my initials next to this paragraph, I hereby agree to the Release of Liability and Indemnity.**

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## 10. Health and Release Form Agreement

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I hereby represent, to the best of my knowledge, that the information provided in the "Camper Information," "Guardian Information," "General Health History," "Medication Authorization," and "Insurance" sections above is accurate. Without limiting the terms of these Health and Release Forms, I understand that information I provide to USSC, whether pursuant to these Health and Release Forms or otherwise, is governed by USSC's privacy policy, available at [www.ussportscamps.com/privacy/](http://www.ussportscamps.com/privacy/), and I agree to USSC's privacy policy, as it may be amended from time to time in accordance with its terms.

By initialing above and signing below, I hereby agree to conduct a transaction (that is, agree to the above agreements and releases) by electronic means, and I am supplying my electronic signature with the intent to agree to the above agreements and releases, and to be legally bound thereby.

**Name of Parent or Guardian:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

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