

Mike Gawlik Volleyball Camps LLC Satellite Release

Consent to Treat

Camper Name: _____ DOB: _____

Camp: _____

List any medical conditions that camp personnel should be aware of (please use additional pages as necessary): _____

List any medications currently taking: _____

In case of emergency please contact:

Name Daytime Phone Nighttime Phone

Name Daytime Phone Nighttime Phone

Medical Insurance Company Phone

Insurance Policy Number(s)

I _____, as parent or legal guardian of the participant, do hereby give my permission for Mike Gawlik Volleyball Camps LLC, the director of the camp and subordinates to seek any necessary medical and/or surgical treatment which is reasonably thought to be necessary for the care of my child. The program director is authorized to provide necessary and emergency medical treatment, and I shall be fully responsible for honoring such costs. I also authorize the medical facility to release all information needed to complete insurance claims. I authorize insurance payment directly to the medical facility. I attest that my daughter had a physical within the last twelve months and the physical disclosed no medical conditions, other than those listed on this consent to treat, that would make participation in this volleyball camp a risk.

I hereby acknowledge that participation in this volleyball camp and related activities is at the sole discretion and judgement of the parent or guardian and involves an inherent risk of physical injury. I, on behalf of my daughter, hereby assume all such risk, I hereby release and agree to hold harmless Mike Gawlik Volleyball Camps LLC personnel, students and employees from claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any volleyball camp activity except where the injury or damage is caused by the gross negligence of the camp. Mike Gawlik Volleyball Camps LLC is not responsible for lost or stolen property.

Signature (Parent or Legal Guardian) Date

Photographic Release Form

I, the parent or legal guardian of a minor participating in the Mike Gawlik Volleyball Camps LLC hereby authorize camp personnel and those acting pursuant to its authority to (a) record my child's likeness and voice on a video, audio, photographic, digital, electronic or any other medium; (b) Use my child's name in connection with these recordings; (c) Use, reproduce, exhibit or distribute in any form (e.g. print publications, video tapes, CD-ROM, internet/WWW or any other form now or hereafter developed) these recordings for any purpose that Mike Gawlik Volleyball Camps LLC deem appropriate, including promotional or advertising purposes. I understand that all such recordings, in whatever medium, shall remain the property of Mike Gawlik Volleyball Camps LLC.

Signature (Parent or Legal Guardian) Date

Please mail to: Mike Gawlik Volleyball Camps LLC, 112 Rose Center, Mt. Pleasant, MI 48859