



MEDICAL WAIVER & MINOR RELEASE

2025

ALL CAMPERS MUST COMPLETE THIS FORM AND BRING IT TO CAMP CHECK-IN. THIS FORM CONTAINS THREE PAGES. CAMPERS WILL BE PERMITTED TO PARTICIPATE IN CAMP ONLY AFTER BOTH PAGES HAVE BEEN COMPLETED, SIGNED BY A PARENT/ GUARDIAN AND CAMPER, AND REQUIRED ITEMS HAVE BEEN SUBMITTED.

MEDICAL WAIVER

CAMPER INFORMATION:

Camper Name (Last) (First) (Middle)

Please check the camp attending:

- | | |
|---|---|
| <input type="checkbox"/> HS SCHOOL ELITE CAMP I
(GRADES 9-12 + COLLEGE TRANSFERS*) JUNE 1 | <input type="checkbox"/> TROJANS YOUTH CAMP I
(GRADES 3-5) JUNE 16 |
| <input type="checkbox"/> TROJANS IN THE TRENCHES: LINEMAN
ACADEMY
(GRADES 9-12 + COLLEGE TRANSFERS*) JUNE 1 | <input type="checkbox"/> HS SCHOOL ELITE CAMP III
(GRADES 9-12 + COLLEGE TRANSFERS*) JUNE 17 |
| <input type="checkbox"/> SPECIALIST ACADEMY
(GRADES 9-12 + COLLEGE TRANSFERS*) JUNE 4 | <input type="checkbox"/> TROJANS YOUTH CAMP II
(GRADES 3-5) JUNE 17 |
| <input type="checkbox"/> HS SCHOOL ELITE CAMP II
(GRADES 9-12 + COLLEGE TRANSFERS*) JUNE 4 | <input type="checkbox"/> TROJANS IN TRAINING MIDDLE SCHOOL CAMP
(GRADES 6-8) JUNE 18 |

*Per NCAA rules, 2-year college student-athletes are permitted to attend camp provided they have not triggered student-athlete status at another 4-year institution.

PHYSICAL OR PHYSICIAN'S CONSENT FOR PARTICIPATION:

Each camper is REQUIRED to provide ONE of the following (please check which requirement you are providing):

☐ A copy of the camper's physical dated after July 1, 2024, stapled to this form. (The physical must be dated one year prior to the start of camp.) Please do not bring the original physical as we must keep a copy for our records.

OR

☐ A physician's signature releasing the camper to participate in camp activities (in the space provided below).

Physician's Consent: I hereby certify that the camper (named above) has no restrictions which would prevent him from active and full participation in any and all activities related to this camp.

Physician's Signature

Date

Phone #

MINOR RELEASE

ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM (LOS ANGELES COUNTY, CALIFORNIA)

Name of Camp: _____

Date of Camp: _____

In consideration for being permitted to participate in the camp described above ("Activity"), I, my spouse, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless _____ and all camp staff and volunteers (collectively, "CAMP OPERATOR"), and the University of Southern California, its trustees, board, officers, agents, employees and any department, organization or group affiliated therewith (collectively "USC") for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences arising out of or resulting directly or indirectly from the Activity or my presence on any property owned, controlled, operated, licensed, or otherwise associated with CAMP OPERATOR or USC (the "Premises"), including but not limited to claims arising from or related to the negligence or carelessness on the part of CAMP OPERATOR, USC, camp staff or volunteers, and/or products liability, including strict products liability. I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. I agree to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment. I also give consent to CAMP OPERATOR, the camp, its employees, staff, volunteers and agents and USC and its employees and agents to obtain medical treatment and assistance on my behalf, including but not limited to diagnostic, medical and/or surgical treatment, if such treatment should be necessary or desirable during the course of my participation in the Activity. I acknowledge, however, that I will be solely responsible for the cost of such treatment, or for any other medical treatment for me. I agree and understand that CAMP OPERATOR, USC, and the medical personnel participating in my care shall not be responsible in any way for any consequences resulting from said diagnostic, medical and/or surgical treatment and are fully released from any and all claims and demands whatsoever which may arise, grow out of or be incident to such diagnosis, treatment or surgery insofar as the law allows. I understand that this Activity is neither administered nor sponsored by USC and that COACH is providing this instruction or camp outside the scope of his/her employment with USC (if any). I agree to release, hold harmless, defend, and indemnify USC, its governing board, its trustees, officers, its employees, its agents, and CAMP OPERATOR from any and all claims and liability arising out of the Activity or my presence on the Premises. IT IS MY INTENTION BY SIGNING BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON MYSELF, TO THE EXCLUSION OF CAMP OPERATOR OR USC, AND TO EXEMPT AND RELIEVE CAMP OPERATOR AND USC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

I also understand and acknowledge that, despite the health and safety measures that CAMP OPERATOR and USC are instituting to help protect staff, faculty, students, and campus visitors from COVID-19, an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. I understand and acknowledge that participating in the Activity and/or entering the Premises may expose me to a variety of hazards and risks foreseen and unforeseen related to COVID-19 and that I may expose those within my household or with whom I interact to the same. I agree to participate in the Activity and/or enter the Premises fully knowing and understanding these hazards and risks. I further agree to comply with all COVID-19 health and safety protocols applicable to the Activity and as directed by CAMP OPERATOR.

I, ON BEHALF OF MYSELF AND MY PERSONAL REPRESENTATIVES, HEIRS, SPOUSE, GUARDIANS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, ASSIGNS AND NEXT OF KIN HEREBY RELEASE, DISCHARGE, HOLD HARMLESS AND AGREE NOT TO SUE CAMP OPERATOR OR USC AND THE ADDITIONAL RELEASED PARTIES NOTED ABOVE WITH RESPECT TO ANY CLAIM, LIABILITY OR DEMAND OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY (INCLUDING, WITHOUT LIMITATION, FOR PERSONAL INJURIES OR WRONGFUL DEATH) THAT MAY ARISE IN CONNECTION WITH, OR RELATE IN ANY WAY TO COVID-19, WHETHER ACQUIRED ON THE PREMISES OR IN CONNECTION WITH THE ACTIVITY, AND WHETHER OCCURRING NOW OR IN THE FUTURE INCLUDING, WITHOUT LIMITATION, THOSE CLAIMS THAT ARISE AS A RESULT OF: (I) THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES, AND/OR (II) THE INHERENT RISKS ASSOCIATED WITH BEING PRESENT ON THE PREMISES.

By signing this agreement, I, both now and in the future, understand and expressly assume the risk that as a result of my presence on the Premises and/or participation in the Activity, I may be exposed to a variety of hazards and risks foreseen and unforeseen related to COVID-19 or that I may expose those within my household or with whom I interact to the same. I understand that these risks include, but are not limited to potential exposure to persons or objects with COVID-19 and illness, quarantine requirements, injuries, physical and/or mental impairment, death, or disability as a result of COVID-19 ("Injuries & Damages") and that these Injuries and Damages can occur by activities, actions or inactions of other persons, or other third parties, either as a result of negligence or because of other reasons. By signing below, I am expressly acknowledging and accepting the risks of COVID-19 associated with being on the Premises and/or participating in the Activity. I understand, acknowledge, and accept the risks of COVID-19, and none of the Released Parties has tried to conceal, contradict or minimize my understanding of these risks. I further acknowledge and agree that the Released Parties shall not be responsible for, and I hereby expressly release them from, any claims for negligence or otherwise with respect to, the selection of any third party vendor used on the Premises and/or in connection with the Activity, as well as the actions or inactions of any such vendor, relating in any way to COVID-19. I hereby waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to myself or my property or for my death, however caused, arising out of the Activity or my presence on the Premises. I further agree that I, my spouse, parents, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of CAMP OPERATOR or USC for any loss or damage resulting from the Activity or my presence on the Premises. I am aware of the potential dangers incidental to the Activity, that this is a release of liability, a waiver of my legal right to collect damages in the event of injury, death or property damage, and I sign it of my own free will.

I am familiar with and do hereby waive the provisions of Section 1542 of the California Civil Code (and similar provisions of other jurisdictions) which provides as follows: "A general release does not extend to claims that the creditor or 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."

This Assumption of Risk and Release of Liability Form (this "Agreement") is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable. This Agreement contains the complete and exclusive statement of the parties' agreement as to matters set forth herein and replaces and supersedes all of their prior written or oral, express or implied, agreements, understandings, communications or statements about those matters. This Agreement shall be construed and enforced in accordance with the laws of the State of California applicable to agreements of this nature, or where pre-empted, by the appropriate body of federal law, and I hereby consent to the jurisdiction of said State. Although I, for myself, and on behalf of my personal representatives, heirs, spouse, guardians, legal representatives, executors, administrators, successors and assigns and next of kin acknowledge and agree that I and they have waived all rights to bring certain claim(s) against the Released Parties, I acknowledge and agree that any claim that I or they might nonetheless bring, and/or any and all other controversies, claims or disputes arising out of or related to this Agreement or the interpretation, performance or breach thereof, shall be brought only before the courts in the State of California.

Printed Name of Attendee

Signature of Attendee

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent or Guardian: _____

Address: _____

Phone Number: _____