

TROJAN FOOTBALL CAMPS & CLINICS 2008

Consent for Medical Treatment, Release Authorization for Emergency Treatment, and Attendee's Proof of Medical Insurance

Name of Attendee: _____ Age: _____ Date of Birth: _____

CONSENT FOR MEDICAL TREATMENT. I do hereby, and on behalf of Attendee, give consent to Pete Carroll ("Coach"), the Trojan Football Camps & Clinics, LLC staff, employees, agents, and volunteers (collectively "Camp Staff"), and the University of Southern California, its agents, employees (collectively "USC") to obtain medical treatment and assistance on Attendee's behalf if such treatment should be necessary or desirable during the course of Attendee's participation in the Trojan Football Camps & Clinics 2008 ("Trojan Camps"). I do hereby, and on behalf of Attendee, acknowledge, however, that I will be solely responsible for the cost of such treatment, or for any other medical treatment, for Attendee.

RELEASE AUTHORIZATION AND CONSENT FOR EMERGENCY TREATMENT, OPERATIVE PROCEDURES. In the case of an emergency and if I cannot be reached, I do hereby, and on behalf of Attendee, authorize the Coach, Camp Staff, and/or USC to obtain whatever medical treatment he/she deems necessary, including emergency treatment that includes but is not limited to operative procedures, if necessary, for the welfare of Attendee. **I do hereby, and on behalf of Attendee, further understand that I will be financially responsible for all charges and fees incurred in the rendering of such treatment, regardless of whether or not my medical insurance would cover such charges and fees.**

PROOF OF MEDICAL INSURANCE FOR ATTENDEE. MEDICAL INSURANCE FOR ATTENDEE. I do hereby, and on behalf of Attendee, understand that I am required to maintain and carry accident medical insurance coverage for Attendee for the duration of the Trojan Camps. By my signature below I am verifying and warranting that the Attendee does have such coverage.

EMERGENCY CONTACT INFORMATION. In the event of an emergency, please contact:

_____	_____
Name of Emergency Contact	Relationship to Attendee
_____	_____
Telephone (day)	Telephone (evening)

CERTIFICATION OF PARENT OR LEGAL GUARDIAN. I certify that I am the parent or legal guardian of the child Attendee listed above. I acknowledge I have carefully read the full contents of the foregoing "Consent for Medical Treatment, Release Authorization for Emergency Treatment, and Attendee's Medical Insurance," that I fully understand its contents, and have signed below, and also on behalf of Attendee, of my own free will.

CERTIFICATION OF ADULT ATTENDEE. I certify that I am at the time of this signature over the age of 18. I acknowledge I have carefully read the full contents of the foregoing "Consent for Medical Treatment, Release Authorization for Emergency Treatment, and Attendee's Medical Insurance," that I fully understand its contents, and have signed below of my own free will.

Signature of Adult Attendee OR Parent/Guardian on behalf of Minor Attendee Date

Printed name of Parent/Guardian of Minor Attendee Telephone

APPLICATION *Read Carefully and complete ALL 4 Pages*

Personal Info

1. Name: _____
2. Camps: Skills \$60 OL/DL \$60 Kicking \$100 'Trojans In Training' \$100 Rising Stars \$230 Overnight / \$160 Day
3. School: _____
4. Grade you will enter in the *Fall 2008*: _____
5. Position(s): Offense: _____ Defense: _____ Specialist: _____
6. Address: _____
7. E-Mail Address (Very Important): _____
8. T-Shirt Size: XXXL XXL XL L M S
9. Street Address: _____
City: _____ State: _____ Zip Code: _____
10. Phone Numbers: Home: _____ Work: _____ Cell: _____
11. Roomate Request: _____

Payment Method

1. Cash, Personal Check or Money Order (Payable to Trojan Football Camps & Clinics)

2. Credit Card (Visa or Master Card *ONLY!*)

Name (Exactly as it appears on your card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____

CVV2# (3-Digit Number located on the back of card in the Signature Box- **VERY IMPORTANT!**): _____

Expiration Date: _____ Signature: _____

3. Pay & Register On-Line @ www.sctrojanfootball.com (Additional Fees Apply)



Mail Application & Payment to:
Trojan Football Camps & Clinics, LLC
3501 Watt Way, Heritage Hall Rm#203B
Los Angeles, CA 90089-0602
Phone: (213) 740-7780 Fax: (213) 821-2472

Waiver of Liability, Release, Assumption of Risk, Indemnity and Hold Harmless Agreement

Name of Attendee: _____ Age: _____ Date of Birth: _____

WAIVER OF LIABILITY AND RELEASE. In consideration for the Attendee being permitted to participate in the camp(s) activities as check-marked/designated in Attendee’s Application (“Activities”), I do hereby, and on behalf of Attendee, Attendee’s heirs, personal representatives or assigns, waive and release forever, any and all rights for claims and/or damages Attendee may have against Pete Carroll (“Coach”), the Trojan Football Camps & Clinics, LLC staff, employees, agents, and volunteers (collectively “Camp Staff”), and the University of Southern California, its board, officers, agents, and employees (collectively “USC”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature, which Attendee may have or may hereafter accrue to Attendee, arising out of or related to, including but not limited to, Attendee’s participation in any of the Trojan Football Camps & Clinics 2008 activities (“Trojan Camps”), including ANY loss, damage, or personal injury that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of the Coach, Camp Staff, or USC, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activities or any adjunct Trojan Camps activities are being conducted. I do hereby, and on behalf of Attendee, intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

WAIVER OF RIGHTS UNDER CALIFORNIA CIVIL CODE SECTION 1542. I do hereby, and on behalf of Attendee, expressly waive all rights under Section 1542 of the California Civil Code, and under any and all similar laws of any applicable jurisdiction. I am aware that Section 1542 provides as follows: *“A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.”*

ASSUMPTION OF RISK. I do hereby, and on behalf of Attendee, accept, understand and assume that that participation in the Trojan Camps activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I do hereby, and on behalf of Attendee, accept, understand and assume that the Trojan Camps activities carry with them inherent risks due to the physical nature of the activities which include but are not limited to, physical contact with other participants, footballs being thrown, physical drills, and activities related to playing a physical sport like football. I do hereby, and on behalf of Attendee, accept, understand and assume that these risks include minor injuries such as scratches, bruises, sprains, more serious injuries, including possible permanent physical and/or mental damage, heart attacks, concussions, and even paralysis, or death. I do hereby, and on behalf of Attendee, agree that Attendee has agreed to follow all instructions of Coach and Camp Staff, and to wear all necessary, recommended, and appropriate protective gear and equipment during the course of the Trojan Camps.

INDEMNITY AND HOLD HARMLESS AGREEMENT. I do hereby, and on behalf of Attendee, agree to indemnify and hold Coach, Camp Staff and USC harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, liabilities, and any attorney’s fees brought as a result of Attendee’s involvement in the Trojan Camps, and I agree to reimburse the Coach, Camp Staff and USC for any such expenses incurred by them.

ACKNOWLEDGMENT OF COACH, CAMP STAFF INVOLVEMENT. I do hereby, and on behalf of Attendee, understand that the Trojan Camps are neither administered nor sponsored by the University of Southern California, and that Coach and the Camp Staff are administering the Trojan Camps outside of his/their employment with the University, if any.

Initials _____

CONSENT FOR USE OF PHOTOGRAPHS, NAME, LIKENESS. I do hereby, and on behalf of Attendee, authorize Trojan Football Camps & Clinics, LLC to take photographs and video recordings of Attendee and/or myself in connection with the Trojan Camps. I agree that Trojan Football Camps & Clinics, LLC shall own exclusively all copyright and other rights to such photographs and video, and may use them, as well as my name and Attendee’s name and likeness, forever and throughout the world, in any and all media, in connection with promoting or publicizing Trojan Football Camps & Clinics, LLC and its current or future events, without compensation to Attendee or myself.

REPRESENTATION OF ATTENDEE'S PHYSICAL FITNESS TO PARTICIPATE. I do hereby, and on behalf of Attendee, represent that, within one year prior to the date of the execution of this form, Attendee has undergone a full and complete physical examination administered by a Board-certified physician who will supply to Trojan Football Camps & Clinics, LLC or its designated representative, a letter certifying, on the basis of this examination, that Attendee is physically fit to play the game of football and otherwise to participate in the Trojan Camps activities.

SEVERABILITY. I do hereby, and on behalf of Attendee, further expressly agree that the foregoing “Waiver of Liability and Release, Assumption of Risk, and Indemnity and Hold Harmless Agreement” is intended to be as broad and inclusive as is permitted by law, and that if any portion thereof is held to be invalid, that it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

*****Please place a checkmark below indicating if you are the parent or legal guardian of a minor attendee OR if you are an adult attendee (18 Years or Older)*****

CERTIFICATION OF PARENT OR LEGAL GUARDIAN. I certify that I am the parent or legal guardian of the child Attendee listed above. I acknowledge I have carefully read the full contents of this “Waiver of Liability, Release, Assumption of Risk, Indemnity and Hold Harmless Agreement,” that I fully understand its contents, and have signed below on my behalf and also on behalf of Attendee, of my own free will.

CERTIFICATION OF ADULT ATTENDEE. I certify that I am at the time of this signature over the age of 18. I acknowledge I have carefully read the full contents of this “Waiver of Liability, Release, Assumption of Risk, Indemnity and Hold Harmless Agreement,” that I fully understand its contents, and have signed below of my own free will.

Signature of Adult Attendee OR Parent/Guardian on behalf of Minor Attendee Date

Printed name of Parent/Guardian of Minor Attendee Telephone

*** * * ATTENTION: Please make sure you have both: (1) Initialed Page 1 of this Form, and (2) Signed and Dated Page 2 of this Form. Otherwise, your Application process will be delayed. * * ***