

To the best of my knowledge, my child/participant is capable of participating safely in the FIGHTING ILLINI GYMNASTICS CAMP LLC/Fighting Illini Men's Gymnastics Camp and that any activity restrictions, allergies, and medications are listed on this form. As a participant, parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to participant and/or others during this FIGHTING ILLINI GYMNASTICS CAMP LLC/Fighting Illini Men's Gymnastics Camp. By signing my name I represent and warrant that I have provided all materials and important information to the FIGHTING ILLINI GYMNASTICS CAMP LLC/Fighting Illini Men's Gymnastics Camp pertaining to Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the FIGHTING ILLINI GYMNASTICS CAMP LLC/Fighting Illini Men's Gymnastics Camp of any changes in my child's mental, physical or medical condition prior the scheduled FIGHTING ILLINI GYMNASTICS CAMP LLC/Fighting Illini Men's Gymnastics Camp.

I give permission to FIGHTING ILLINI GYMNASTICS CAMP LLC/Fighting Illini Men's Gymnastics Camp staff to provide routine first aid care and in the event of serious illness or injury, I give FIGHTING ILLINI GYMNASTICS CAMP LLC/Fighting Illini Men's Gymnastics Camp staff permission to seek and authorize emergency medical treatment. I hold harmless and agree to indemnify the FIGHTING ILLINI GYMNASTICS CAMP LLC/Fighting Illini Men's Gymnastics Camp from any claims, causes of action, damages and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my child that may occur during his/her participation in this FIGHTING ILLINI GYMNASTICS CAMP LLC/Fighting Illini Men's Gymnastics Camp.

By revealing or disclosing the above medical information it will not be used by Camp personnel or employees to determine Participant's ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant.