

**NORTH DAKOTA STATE UNIVERSITY
BISON FOOTBALL CAMP**

To be completed by parent or legal guardian. Please print clearly.
Be sure to fill in all sections including signatures.

Camper Name

Home Address

City

State/Zip

Primary Phone Number

Insurance Company

Insurance Policy Number

Emergency Day-Time Phone Number

Email Address

INDIVIDUAL PROFILE

| | | |
|--------------------------------------|--------|-------|
| _____ | _____ | _____ |
| Height | Weight | Age |
| _____ | | |
| High School | | |
| _____ | | |
| Grade You Will Be Entering Fall 2020 | | |

Please check **ONE POSITION EACH** for offense and defense sessions.

| | |
|-----------------------------|-----------------------------|
| Offense (Check One) | Defense (Check One) |
| <input type="checkbox"/> QB | <input type="checkbox"/> LB |
| <input type="checkbox"/> RB | <input type="checkbox"/> DL |
| <input type="checkbox"/> WR | <input type="checkbox"/> DB |
| <input type="checkbox"/> TE | |
| <input type="checkbox"/> OL | |

CAMP REGISTRATION

TEAM CAMP (GRADES 9-12) -- JUNE 13-15, 2020
Rosters and deposit due by June 1.

Commuter*\$150

Resident\$185

INDIVIDUAL CAMP (GRADES 9-12) -- JUNE 19-21, 2020
Limit of 850 campers.

Commuter*\$260

Resident\$325

*** NO LODGING IS PROVIDED FOR COMMUTERS**

A \$100 non-refundable deposit must accompany this application.
Full amount due before camp begins. Make checks payable to:
BISON FOOTBALL CAMP
NDSU DEPT 1220
PO BOX 6050
FARGO, ND 58108-6050

DID YOU REMEMBER TO...
· Complete the Medical Release/Waiver Form.
· Enclose \$100.00 deposit fee.

CONTACT INFORMATION

Camp Director
ndsu.fbcamps@ndsu.edu
Margie Trickle
P: 701.231.7816 · m.trickle@ndsu.edu

**NORTH DAKOTA STATE UNIVERSITY
PARENT'S OR GUARDIAN'S PARTICIPATION
AGREEMENT OF WAIVER OF LIABILITY,
INDEMNIFICATION, AND MEDICAL RELEASE**

To be signed by parent/guardian if the participant is under 18 years of age.

Acknowledgment and Assumption of Risk

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in participating in Bison Football Camps.

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand that there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity.

The undersigned parent and/or legal guardian and participant understand that the State of North Dakota (State) does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the State has no responsibility or liability for injury resulting from this activity.

The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.

WAIVER OF LIABILITY AND INDEMNIFICATION:

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

waives, releases, and discharges the State of North Dakota and its agencies, officers, and employees from any and all liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the activity or event; and

defend, indemnify, and hold harmless the State of North Dakota, its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

CAMPER PROVIDED EQUIPMENT RELEASE:

I understand that any equipment that has been issued by my high school has been properly fitted by my equipment manager/coach at my high school. I understand that NDSU, its employees or agents are not liable for injuries or accidents, including death or disability, that may occur during camp and which are equipment related. I hereby waive, release and discharge NDSU and its employees or agents from any and all liability from any injury or accident, including death or disability, that may occur while using the equipment that was provided by my high school.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.**

READ BEFORE SIGNING

Name of Camper

Age of Camper

Signature of Camper

Date

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

All camps are open to any and all entrants (limited only by number, age, grade level and/or gender.)

North Dakota State University does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, participation in lawful off-campus activity, physical or mental disability, pregnancy, public assistance status, race, religion, sex, sexual orientation, spousal relationship to current employee, or veteran status, as applicable. Direct inquiries to: Vice Provost, Title IX/ADA Coordinator, Old Main 201, 701-231-7708, ndsu.eoaa@ndsu.edu.

NDSU is required to provide reasonable accommodations for guests with disabilities. Examples of accommodations include a sign language interpreter, a dietary accommodation, or a wheel chair accessible room. In the event there are additional expenses involved, it is the responsibility of the sponsor to pay. Guests are required to contact the sponsor a minimum of 3 weeks before the event.