

**Dixie State College**  
**Summer Sport Camps and Conferences**  
**Assumption of Risk/Indemnification Agreement**

This agreement must be completed in order for your child to participate in activities associated with a Summer Sport Camp or Summer Conference at Dixie State College.

Participant (print full name): \_\_\_\_\_

I, the undersigned, have chosen to allow my child to participate in the \_\_\_\_\_  
camp/conference at Dixie State College to be held from \_\_\_\_\_, to \_\_\_\_\_, 20 \_\_\_\_.

Dixie State College does not carry accident or health insurance policies on participants. A participant's parent or guardian is responsible for costs incurred as a result of an accident or injury. Participants at the camp may be involved in strenuous physical activity. Dixie State College will be legally responsible only for injury, death or other loss which results from the negligence of its officers, employees and agents in the operation of their activities. The responsibility of Dixie State College is limited by the procedures, notice requirements and statutory limits established in the Utah Governmental Immunity Act, Sec. 63-30d-101 et seq. Utah Code Annotated. Dixie State College agrees to provide evidence of liability insurance acceptable to the Clark County School District. While attending Dixie State College camp, participants must observe: 1.) the policies governing the students of Dixie State College; 2.) curfew times; 3.) no use of alcohol, illegal drugs or tobacco; and 4.) care and respect of persons & property.

By signing below, the participant and parent/guardian understand the information on this form and accept financial responsibility for all accident or injury related costs which are not covered by their health insurance and/or accident insurance. It is also understood that failure to observe Dixie State College rules will result in immediate dismissal from the program and forfeiture of all fees.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

**Understanding of Risk**

I understand the risks involved in participating in this program as well as my personal responsibility for adhering to rules and regulations during my participation.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date