UNIVERSITY OF SAN DIEGO SUMMER PROGRAM
AGREEMENT AND RELEASE OF LIABILITY FOR YOUTHS

Activity: University of San Diego Summer Program **Summer 2026**

Location: Can be single or multiple locations, on and/or off the USD campus (see Program Information)

Youth's Name _____ **Age** _____

Address_____

City_____ **State/Zip Code**_____

Program Enrolled In: Steubenville San Diego -- Sponsored by LifeTeen

Dates of Program: Friday July 31--Sunday August 2

Youth participant's parent or legal guardian should complete and sign this Agreement if Participant is under the age of 18.

I, the undersigned (or parent/guardian, if Participant is under 18 years old), understand that this is a legally binding agreement and release of liability of the University of San Diego (USD).

I/Participant requests permission to participate in a Summer Program at USD as identified above. In consideration of permission being granted to me/Participant to participate in the program activities, I agree as follows:

1. **Voluntary Activity** I understand and agree that my/Participant's participation in the camp activities is purely voluntary and is not required by USD.

2. **Release of Liability** I, on behalf of myself/Participant, my/Participant heirs, personal representatives, guardians, successors, and assigns, hereby release USD and its administrators, faculty, trustees, officers, directors, employees, volunteers, coaches, athletic trainers, team physicians, and agents, as well as any other organization through which Participant is participating in the camp activities and their respective employees and agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims, loss, liability, demands, causes of action, costs, expenses (including but not limited to attorneys' fees), damages or suits of any type, whether in law or in equity, that I/Participant may have arising from, or relating in any way (directly or indirectly) to my/Participant's participation in the program activities, including without limitation any physical, emotional or mental injury, including those that are COVID related, or property damage that I/Participant may suffer as a result of my/Participant's participation in the program activities, to the maximum extent permitted by law.

3. **Acknowledgment of Risk** I recognize and appreciate the dangers, hazards, and risks associated with participation in the camp activities. I understand that the dangers, hazards, and risks of the camp activities could include serious or even fatal injuries and property damage. I acknowledge that I have fully considered the dangers, hazards, and risks associated with my/Camper's participation in the camp activities, and voluntarily assume those dangers, hazards, and risks. I give my consent and approval for my/Camper's participation in the camp activities.

4. **Emergency Medical Treatment** I understand and agree that USD does not have medical personnel available at the location of the camp activities. I hereby grant USD permission to authorize emergency medical treatment, if necessary, and to transport me/Camper to an appropriate facility to receive emergency medical treatment, and that such action shall be subject to the terms of this Agreement. I understand and agree that USD assumes no responsibility for any injury or damages which might arise out of, or in connection with, such authorized emergency medical treatment.

5. **Fitness to Participate** I hereby represent that I am/Camper is physically and mentally able to participate in the camp activities and that I have/Camper has no health problems or physical or mental conditions that would present a risk to me/Camper or to others. I hereby agree to adhere to the USD Summer Youth Camp COVID protocols.

6. **Insurance** I represent that I am/Camper is covered by a comprehensive medical plan (health insurance) necessary to provide and pay for any and all medical costs (including but not limited to transportation costs associated with obtaining medical care) and/or I will assume all responsibility for medical costs incurred as a result of illness and/or as a result of my/Camper's participation in the camp activities. I agree to pay for any costs related to my/Camper's medical treatment that are not covered by insurance or if I have/Camper has no medical insurance.

7. **Photographs** I consent to the use by USD of any photographs of me/Camper for publicity, promotion, advertising, or other legitimate purposes.

I acknowledge that I have carefully read this Agreement and fully understand its contents. I acknowledge that I am voluntarily executing this Agreement of my own free will after having the opportunity to consult with legal counsel of my own choosing. I understand that this Agreement means I am/Camper is giving up, among other things, rights to sue USD and Releasees for injuries, damages or losses I/Camper may incur. I also understand that this release binds me/Camper, as well as my/Camper's heirs, executors, administrators, and assigns. I further acknowledge and understand that this Agreement will absolve and release the University of San Diego and Releasees from any liability in connection with any injury or harm suffered as a result of my/Camper's participation in the camp activities. I acknowledge that I have been made aware of any and all risks of participation in the camp activities.

I have read and understand that this Agreement is a release of legal rights and claims.

I further state that I am the Camper's parent/guardian and am fully competent to sign this Agreement; and that I execute this Agreement for full, adequate, and complete consideration fully intending for myself, for the Camper, and for the Camper's family, estate, heirs, administrators, personal representatives, or assigns to be bound by same.

Parent/Guardian Signature: _____ Date: _____
(required if under 18 years of age)

Parent/Guardian Name (please print): _____ Phone: _____