

2018 Tim Miles Basketball Camps Parent/Guardian Information

Youth Activity Safety Policy

The University of Nebraska-Lincoln has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics or conferences. Our policy includes safe interaction guidelines including sex offender registry checks for Activity Workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational and enjoyable activity/program experience.

Activity Workers

1. All Activity Workers must successfully pass a sex offender registry search for Nebraska and the state(s) they reside.
2. All Activity Workers driving activity vehicles must successfully pass a Driving Record Check.
3. In the case of an emergency or accident involving your youth, parents/guardians will be notified, following notification of the appropriate emergency personnel.
4. All UNL activities will comply with UNL's *Youth Activities Safety Guidelines*.
5. As parent(s) or legal guardian(s) you give permission to this activity to use photos of your child in promotional media.

Disciplinary Action

The activity directors of University-sponsored activities, clinics and conferences reserve the right to immediately dismiss any youth from the activity, clinic or conference who is found to have violated behavioral expectations. Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth's dismissal.

Waiver of Liability

I warrant that I have custody of my minor child, _____, and that no other person has custody of such child. I grant permission for such child to attend and participate in the 2018 Tim Miles Basketball Camp(s) to be held in June, 2018.

Additionally, I grant permission to the Tim Miles Basketball Camps, its director, assistants, agents, and employees (including chaperones) to act on my behalf in obtaining medical treatment for my child should the need for medical treatment arise. I understand that one or more attempts will be made to contact me if my child requires medical treatment. However, if I cannot be contacted for any reason, I give my consent and permission to the Tim Miles Basketball Camps, its director, assistants, agents and employees (including chaperones) to obtain such medical treatment as deemed prudent or necessary by a physician.

I further release and covenant not to sue the Board of Regents of the University of Nebraska, the University of Nebraska, Tim Miles Basketball Camps and their respective officers, directors, agents, employees and representatives, including but not limited to Tim Miles, from all claims on account of any and all injuries which may be sustained by my child while attending the 2018 Tim Miles Basketball Camp. I also agree to indemnify and hold harmless the Board of Regents of the University of Nebraska, the University of Nebraska, Tim Miles Basketball Camps and their respective officers, directors, agents, employees and representatives, including but not limited to Tim Miles, for any claim which may hereafter be presented by me, my minor child, or anyone acting on behalf of my minor child, as a result of any such injuries. I also grant permission for the Tim Miles Basketball Camps to use photographs of my child for publicity, advertising, or other lawful commercial purpose. I understand that Tim Miles Basketball Camps are open to any and all entrants.

I hereby certify that I have read and fully understand this authorization. I understand this is a legally binding Agreement.

Parent or Guardian's Printed Name

Phone Number

Parent or Guardian's Signature

Date