



SUMMER INSTITUTE 2019

## FORMS AND PAYMENT CHECKLIST

In addition to the online registration, participants must also mail in the forms and payments listed below.

**Forms and Payment are due by July 1, 2019.**

\_\_\_ Medical Release Form

\_\_\_ Liability Release Form

\_\_\_ Institute Payment (We accept checks and money orders only)

\_\_\_ \$75 key deposit (as a separate check)

- \$700 for students
- \$600 for coaches
- \$500 for commuters (students or coaches)



## SUMMER INSTITUTE 2019

**PLEASE READ ALL SECTIONS OF THIS DOCUMENT CAREFULLY.**

*Please complete this form and mail it to:*

The Championship Debate Group  
102 Lost Trails  
La Vernia, Texas 78121

You may instead send a pdf file of this document to [info@thechampionshipdebategroup.com](mailto:info@thechampionshipdebategroup.com)

### *THE CHAMPIONSHIP DEBATE GROUP*

### ADULT

## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in *The Championship Debate Group* at Concordia University, and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE *The Championship Debate Group*, their officers, servants, agents, or employees, (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of the risks and hazards connected with the activity including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns, personal representative, and estate, if I am not alive, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
5. I UNDERSTAND THAT *THE CHAMPIONSHIP DEBATE GROUP* WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN.
6. I further agree to become familiar with the rules and regulations of *The Championship Debate Group* concerning student conduct and not to violate said rules or any directive or instruction made by the person or persons in charge of said program and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
7. I also understand that I should, and am urged by *The Championship Debate Group* to obtain adequate health and accident insurance to cover any personal injury to myself that may be sustained during the program or the transportation to and from said program.



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**PLEASE READ ALL SECTIONS OF THIS DOCUMENT CAREFULLY.**

IN SIGNING THIS RELEASE AS A PARTICIPANT IN *The Championship Debate Group*, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; or, if I am under eighteen (18) years of age, my parent or legal guardian's approval and signature have been obtained; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same.

I have hereunto set my hand on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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PRINT Participant's Name (required)

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Participant's Signature (required)



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### ACTIVITIES OFFERED AND POSSIBLE INJURIES, WHICH MAY OCCUR

There are risks involved when participating in the following activities offered. Some of the possible injuries and bodily harm, which can occur through participation in the activities, are listed below. This list is provided to make the prospective participant aware of the possibilities of injuries, which may be sustained. The individual is completely responsible for his/her own safety and health.

Flag football Volleyball  
Soccer Bicycling  
Tennis Swimming  
Basketball Track and Field  
Racquetball Weight Lifting  
Softball Various special events

### POSSIBLE INJURIES:

Strains, sprains, pulls, tears, cramps, infection, rashes, bruises, contusions, wounds (such as abrasions, incisions, lacerations, punctures), insect bites, dislocation, blisters, nosebleeds, broken bones, fractures, choking, respiratory or heart failure, exhaustion, heat stroke, fainting, nerve damage, shock, paralysis, concussion, and in extreme case—death.

### BODY AREAS, WHICH MAY BE AFFECTED OR INVOLVED IN SPORTS INJURIES:

Head, face, eye, ear, jaw, teeth, mouth, neck, nose, chest, abdomen, back, arms, elbow, hands, fingers, wrist, shoulders, genital organs, scalp, bones, leg, knee, hip, ankle, feet, toes, internal organs, nerves, muscles, cartilage, joints, tendons, spinal cord, arteries, veins and brain.

I HAVE REVIEWED THE ABOVE INFORMATION AND AM AWARE OF THE RISKS INVOLVED IN PARTICIPATING IN ACTIVITIES AND THE POSSIBLE INJURIES THAT MAY OCCUR. I FREELY AND VOLUNTARILY AGREE TO PARTICIPATE IN ANY AND/OR ALL OF THE ACTIVITIES LISTED HERE WHICH ARE OFFERED IN THE PROGRAM.

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PRINT Participant's Name (required)

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Participant's Signature (required)

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Date



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**PLEASE READ ALL SECTIONS OF THIS DOCUMENT CAREFULLY.**

### **Permission to Use Photograph**

I grant to The Championship Debate Group, its representatives and employees, the right to take photographs of me and my property in connection with the above-identified subject.

I authorize The Championship Debate Group, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that The Championship Debate Group may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_



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**ADULT PARTICIPANT MEDICAL FORM**

The Championship Debate Group  
Medical Release and Information Form  
For Adult Participants

*Please fill this form out carefully. Print clearly.*

***Please complete this form and mail it to:***

The Championship Debate Group  
102 Lost Trails  
La Vernia, Texas 78121

You may instead send a pdf file of this document to [info@thechampionshipgroup.com](mailto:info@thechampionshipgroup.com)

NAME OF PARTICIPANT:

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please provide the name of your health/accident insurance carrier (s) and appropriate policy certificate number (s):

NAME OF CARRIER:

\_\_\_\_\_



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**ADULT PARTICIPANT MEDICAL FORM**

CARRIER'S PHONE NUMBER:

\_\_\_\_\_

CERTIFICATE NUMBER:

\_\_\_\_\_

Do you have any chronic or acute medical problems? YES\_\_\_\_ NO\_\_\_\_

If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_

List any allergies to food, pollen, or medicine or check NONE\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any medications being taken at present time or check NONE\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

MEDICAL RELEASE FORM

I fully realize that injury or illness to me could result from or during participation in The Championship Debate Group institute on the campus of Concordia University in Austin, Texas. In case of such accident or illness, I give permission to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by me while attending The Championship Debate Group.

\_\_\_\_\_  
Signature Date