

**The George Washington University
Department of Athletics Camps/Clinics
Assumption of Risk, Waiver of Liability, Release
& Covenant Not to Sue (children 14 years or younger)**

_____	_____
Participant's First Name	Participant's Last Name
_____	_____
Name of Camp/Clinic	Date(s) Attending
_____	_____
Parent/Legal Guardian First Name	Parent/Legal Guardian Last Name

Emergency Contact's Name & Phone #	

Insurance Carrier & Policy Number(s)	

MEDICAL EVALUATION: I understand that my child should obtain a medical evaluation and doctor's approval prior to participation in an Athletics Camp/Clinic. I understand that my child should obtain health insurance coverage prior to participating in any Athletics Camp/Clinic. I further understand that I will be responsible for my child's medical expenses.

POTENTIAL RISKS & HAZARDS: I understand that participation in an Athletic Camp/Clinic involves a risk of serious injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I or my child have questions about possible hazards, it is my and my child's responsibility to seek additional information from the person named below * prior to signing this Assumption of Risk, Waiver of Liability, Release & Covenant Not to Sue (hereinafter referred to as "Athletics Camp/Clinic Release").

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & COVENANT NOT TO SUE: In consideration for permitting my child to participate in an Athletics Camp/Clinic, **I voluntarily agree**, hereby for myself, my

* If you have any questions about the hazards and risks associated with Athletics Camp/Clinic or with this Athletics Camp/Clinics Release, please contact Chandra Bierwirth at (202) 994-6282.

child, and our heirs, executors, and administrators, to the following:

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by my child, or any loss or damage to property owned by me or my child, as a result of training for, participating in, or traveling to or from Athletics Camps/Clinics.
2. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & COVENANT NOT TO SUE** the University, its trustees, officers, employees, agents, students, and staff (hereinafter referred to as "releasees") from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I or my child might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me or my child, while training for, traveling to or from, or participating in an Athletics Camp/Clinic including, but not limited to, any claim that the act or omission complained of **was caused in whole or in part by the negligence or carelessness of the releasees.**

LAWS & SEVERABILITY: I hereby further agree that this Athletics Camp/Clinics Release shall be construed in accordance with the laws of the District of Columbia, and that if any portion is deemed invalid, the remainder of the agreement will still be binding and enforceable. I further agree that this document constitutes the entire agreement, and that any oral representations, statements, or inducements apart from the foregoing written document shall NOT be considered part of this agreement.

ACKNOWLEDGEMENT OF UNDERSTANDING: All statements must be initialed and the proper signatures provided in order to participate in an Athletic Camp/Clinic.

- I have read the above **Department of Athletics Camp/Clinic Assumption of Risk, Waiver of Liability, Release, & Covenant Not to Sue** and understand the contents.
- I attest that my child is physically fit to participate in Athletics Camp/Clinic activities.
- That I am eighteen (18) years of age or older and the Parent or Legal Guardian of the Camp/Clinic Participant listed herein.

Parent/Legal Guardian Signature

Date: