

**The George Washington University
Department of Athletics Camps/Clinics
Assumption of Risk, Waiver of Liability, Release
& Covenant Not to Sue (children 15 years or older)**

_____	_____
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 I (or my child) should obtain a medical evaluation and doctor's approval prior to participation in an Athletics Camp/Clinic. I understand that I (or 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 (or 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 me (or my child) to participate in an Athletics Camp/Clinic, **I voluntarily agree**, hereby for myself, my heirs, executors, and administrators, to the following:

* 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.

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me (or 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 me (or 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: Initial all statements that apply and sign where appropriate. **3 of 4** 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 I am physically fit to participate in Athletics Camp/Clinic activities.
- That I am eighteen (18) years of age or older; **OR**
 - That I am under eighteen (18) years of age, and my parent or guardian is **ALSO** signing individually and on my behalf and we both agree to be bound by the terms of the agreement.

Signature of Participant

Date

Parent/Legal Guardian Signature

Date: