



## **PARTICIPANT WAIVER, RELEASE AND INDEMNITY**

Each of the undersigned (i) wants to participate in the Women's Basketball 101 Program at The Pavilion and Butler Annex, (ii) fully recognizes that certain risks are involved in connection therewith and (iii) voluntarily assumes these risks for the undersigned and the undersigned's estate, personal representative heirs, legatees devisees and anyone claiming by or through the undersigned (collectively, the "Releasors"). Such risks may include, but not be limited to, loss of or damage to property or physical injury to the undersigned up to and including death.

In consideration of the Releasees (as defined below) permitting such activities, the undersigned agrees that if any of the Releasors incurs such loss of property or injury including death, none of the Releasors will hold Villanova University, Villanova Athletic Department, or any of their respective affiliates, employees or agents (collectively, the "Releasees") responsible or seek damages from any of the Releasees in any form and each Releaseor hereby waives and releases any and all claims against each of the Releasees for personal injury, death or property damage arising out of such participation while on Villanova University premises, including without limitation, any such injury, death or damage arising out of negligence of any of the Releasees, unless the Releasee has acted in a grossly negligent manner or committed an intentional tort and will indemnify and hold each Releasee harmless from any such claims.

During the course of such activities, while on Villanova University premises, each of the undersigned will conduct him/herself in a prudent, cautious and lawful manner and will be responsible for any damage he or she causes Villanova University property. The undersigned participant and his/her parent or legal guardian certify that the participant has no medical condition that would prohibit him/her from participating in the activity. The undersigned participant and his/her parent or legal guardian certify that the participant has adequate health insurance to cover any medical expenses that may arise out of participation in this activity.

The undersigned attests to all of the above that has been written and certifies that he or she understands the above statements and that such signing of this waiver is completely voluntary.

### **PARTICIPANT**

**NAME: (PRINT)** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**PARENT OR LEGAL CUSTODIAN'S SIGNATURE:** \_\_\_\_\_  
(Required if Participant is less than 18 years of age)

**WITNESS: (PRINT)** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_