STATEMENT OF PERSONAL RESPONSIBILITY & RELEASE
(for participants under the age of 18)

1. I/We certify and agree that my/our child has my/our permission to participate in the Volleyball Camp held at Washington University in St. Louis from June 20, 2016 to July 22, 2016.

2. I/We understand the nature of the Camp and my/our child’s experience and capabilities and consider him/her to be qualified to participate in the Camp. I/We understand that participation in the Camp is physically demanding and involves strenuous physical activity, including but not limited to muscle strength and endurance training, aerobic exercise, cardiovascular conditioning and training and other various fitness activities. I further understand that there may be additional activities unrelated to volleyball, such as swimming, in which my child may participate. I/We state that there are no health-related reasons or other problems that preclude or restrict my/our child’s ability to participate safely in the Camp. I/We understand that there will be a number of children attending Camp with a limited number of coaches and/or Camp counselors, and my/our child cannot receive individualized attention and supervision all of the time. I understand and acknowledge that this is an overnight camp, and my child will be assigned to stay in a room on a University residence hall floor with other campers. Camp counselors will be assigned to the particular floor but will not be supervising campers in their assigned rooms at all times. I/We appreciate the dangers, hazards and risks inherent to the Camp, including but not limited to inclement weather, natural disasters, heat exposure, insect bites, drowning, crime, accidents, illnesses, transportation and travel to, from or during the Camp, which may result not only from my/our child’s actions but also from the action, inaction, or negligence of others.

3. In consideration for my/our child’s participation and on behalf of myself, my family, heirs, and personal representative(s), I/we agree to assume all the risks and responsibilities surrounding my/our child’s participation in the Camp and, in advance, release, waive, forever discharge, and covenant not to sue the University, its governing board, officers, agents, employees, students, and volunteers (collectively, the “Releasees”) from and against any and all liability for any harm, damage, claim, demand, action, cause of action, cost or expense of any nature that my/our child may have or that may hereafter accrue to my/our child, arising out of or related to any loss, damage or injury, including but not limited to physical injury, suffering or death, that may be sustained by my/our child or by any property belonging to my/our child, whether caused by the negligence or carelessness of the Releasees with regard to the Camp. This waiver does not pertain to incidents involving gross negligence or willful misconduct by the University and/or its agents. I/We further agree to save and hold harmless, indemnify, and defend Releasees from any claim arising out of my/our child’s participation in the Camp.

4. I/We also give permission for my/our child to authorize and administer any medical treatment by a camp staff member or healthcare professional, including emergency medical transportation, which may be required for injuries sustained by my child. I/We am/are responsible for any medical bill incurred as a result of any personal illness or injury to my/our child, even if a Releasee has signed hospital documentation promising to pay for the treatment.

5. I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act; that this Release shall be construed in accordance with the laws of the State of Missouri. If any term provision of this Release shall be held unenforceable, illegal, or in conflict with any governing law, the validity of the remaining portions shall not otherwise be affected.

Washburn University in St. Louis, June 20, 2016

THIS IS A RELEASE OF LEGAL RIGHTS.
READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

ACCEPTED AND AGREED (Both parents, if possible):

____________________________  ______________________________
(Signature of father/guardian)  (Signature of mother/guardian)

____________________________  ______________________________
(Printed Name)  (Printed Name)

____________________________  ______________________________
(Date)  (Daytime Phone Number)  (Date)  (Daytime Phone Number)