

ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT TO MEDICAL TREATMENT

As a condition of my/my child's participation in the Southwind Camps, and in consideration for the privileges that come from participation in that camp which may include instruction, use of facilities and equipment and other services provided by Southwind Volleyball Camp, I hereby agree for myself and/or for my minor child as follows:

- 1. I recognize and understand the Southwind Pre-Season Camp is a camp for athletes of volleyball offered and operated by the Southwind Volleyball Tribe. The Volleyball Camp is NOT a Johnson County Park & Recreation District sponsored activity and Johnson County Park & Recreation District does not have any responsibility for the operation of the camp.**
- I recognize that the Southwind Pre-Season Camp will involve various activities that may include, but are not limited to, instruction, conditioning, practices, and games. I acknowledge that Southwind Volleyball Tribe has strongly recommended to me that I/my child seek medical advice concerning my/my child's physical health, conditioning and abilities, prior to engaging in any Camp Activities. I further acknowledge that I do not/my child does not have any medical conditions that would affect my/my child's fitness to participate in Camp Activities.
- I recognize that there are certain risks of harm to me and others associated with my participation in the Southwind Pre-Season Camp and Camp Activities, that there are dangers that cannot be fully foreseen, that there are risks and dangers that Southwind Volleyball Tribe and its agents and employees cannot control, and that such risks and dangers could result in bodily injury or death to me/my child and/or to others.
- I understand that **some of the dangers and inherent risks to me/to my child in playing or practicing to play in any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury related to the eye and/or head, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other parts of the muscular/skeletal system, and serious injury or impairment to other aspects of my/my child's body and general health and well-being.** I further understand that that are risks associated with travel and that I/my child could incur some or all of these injuries during travel to and from Camp Sites.
- I agree that if any injury or emergency should occur during Camp Activities with respect to myself/my child, the Southwind Pre-Season Camp staff is authorized to take whatever steps are reasonably necessary in their judgment to attend to my/my child's medical needs. I agree to be responsible for any hospital expenses, doctor bills, or other expenses that may be incurred to attend to my/my child's medical needs.
- I represent that I have/my child has adequate health insurance to cover the costs of treatment in the event of any injury that I incur/my child incurs during participation in the Southwind Pre-Season Camp.
- I agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damages which may be incurred by me/my child while engaged in Camp Activities.**
- I agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of**

earning capacity and property damages which may be made by others and that result in part from my/my child's participation in Camp Activities.

9. **I agree to indemnify and hold harmless the Southwind Pre-Season Camp and their agents and employees from any loss liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in the Southwind Pre-Season Camp whether caused by my/my child's negligence, the negligence of others and/or by the negligence of the Southwind Volleyball Tribe and/or Southwind Pre-Season Camp.**

In signing this Release, I acknowledge and represent that I have carefully read the foregoing, that I understand it, and that I sign it voluntarily as my own free act and deed. No one has made any oral representation, statements, or inducements in order to get me to sign this document. I have had the opportunity to consult with my own legal counsel before signing this document.

_____ **I am signing this Agreement for myself as Participant.** I represent and acknowledge that I am at least eighteen (18) years of age and that I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

Signature of Camp Participant

Date

_____ **I am signing this Agreement on behalf of a minor Participant.** I acknowledge that I am the Guardian/Parent of the Participant who is less than 18 years of age and that I understand the terms of this Agreement. This Agreement shall be binding upon the Participant and the Participant's parents, guardians, heirs and personal representatives.

Signature of Guardian/Parent for Camp Participant

Date

Insurance Company

Policy Number

IN CASE OF EMERGENCY CONTACT:

Name (and relation): _____

Phone: _____

Address: _____

Signature of Camp Participant

Date