

Event: _____

Date: _____

Woodrow Wilson Athletic Booster Club
Athletic Camp Release of Liability Form

In consideration for participating in the athletic camp program and by signing below, I hereby agree to indemnify and save harmless Woodrow Wilson Athletic Booster Club and its officers, etc. from any and all claims or demands. I agree to assume all risk and responsibility for my/my child's participation. In the event of any injury, I understand, acknowledge, and agree that the Woodrow Wilson Athletic Booster Club, its Board members, officers, and employees shall not be liable for any injury/illness suffered by myself/my child which is incident to and/or associated with preparing for and/or participating in the athletic camp.

_____Initial-Self _____Initial-Parent/Guardian

I hereby waive, release, and discharge the Woodrow Wilson Athletic Booster Club, its Board members, officers, and employees from any claim, demand, cost and/or expenses arising out of any injuries, damages or other losses, whether personal or property, sustained by me/my child (or any party to whom I am responsible), by causes of action, suits or judgments of any kind that myself or my guardians, heirs, executors or assigns, etc. may have arising from any activity or services sponsored by the Woodrow Wilson Athletic Booster Club.

_____Initial-Self _____Initial-Parent/Guardian

I agree that my/my child's use of facility will be conducted in a manner consistent with the values of Woodrow Wilson Athletic Booster Club and that it shall comply with Woodrow Wilson Athletic Booster Club rules and policies. I (or any party to whom I am responsible) shall comply with all federal, state and local laws with regard to my use of the facility. I agree that I shall be responsible for all damage to the facility that results from my use (or any party to whom I am responsible) of the facility.

_____Initial-Self _____Initial-Parent/Guardian

Consent for Treatment:

I do hereby certify to the best of my knowledge and belief my child is in good health. Further, I hereby give my consent to have myself/my child treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the **Woodrow Wilson Athletic Booster Club and the associated athletic camp will provide no medical insurance** for such treatment, and that the cost will be at my expense.

_____Initial-Self _____Initial-Parent/Guardian

I UNDERSTAND AND ACKNOWLEDGE THAT IN ORDER TO PARTICIPATE IN THIS ATHLETIC CAMP ON THE PROPERTY BEING UTILIZED BY THE WOODROW WILSON ATHLETIC BOOSTER CLUB, I AGREE TO ASSUME ALL LIABILITY AND RESPONSIBILITY FOR ANY AND ALL POTENTIAL RISKS, INJURIES, OR EVEN DEATH THAT MAY BE ASSOCIATED WITH PARTICIPATION IN SUCH PROGRAMS.

Organization/Player Name: _____

Address: _____

Home Phone: _____ **Grade:** _____ **Age:** _____

School: _____

Emergency Contact _____ **: Emergency Contact Phone:** _____

I acknowledge that I have carefully read this release of liability.

Printed Name of Self

Signature of Self

Printed Name- Parent/Guardian

Signature-Parent/Guardian

Date: _____