

Participant Information:

First Name * _____ **Last Name *** _____

Address * _____ **City *** _____ **State/Province *** _____
Postal/Zip Code * _____

Phone * _____ **E-mail *** _____ **Date of Birth*** _____

T-shirt Size * _____ **Grade Entering *** _____ **Parent Name *** _____ **Phone *** _____

Insurance Company * _____ **Insurance Company Phone *** _____ **Group/Policy # *** _____
Policy Holder Name * _____

Registration: Further, in the consideration for my child being permitted to participate in this camp, I, as a natural parent and/or as the legal guardian. I do hereby for myself , my family, heirs, personal representatives and assigns , agree not to sue, and I release , waive , discharge , hold harmless and indemnify , and forever defend the camp, state of Virginia, James Madison, its members of the board of trustees, individually and collectively , its officers employees servants, agents ad directors , from any liability, losses, claims, action suits, procedures demands, rights and causes of actions of whatever nature , in law and equity, for any and all known or unknown , foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illness, damage to property or other losses, and consequences thereof, including expenses, cost, and attorney’s fees , as may be sustained by my child or me arising out of or in any way associated with my child’s participation in this camp. 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 and 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.

RELEASE

For Participation in Activity in University Department of Athletics Facilities

For the purposes of this document, herein after referred to as “Release,” the party intending to participate in the activity in the University Department of Athletics facilities shall hereafter be referred to as “Participant.” James Madison University, and its trustees, officers, employees and agents, acting within the course and scope of their duties, shall hereafter be referred to as “University.” The activity in the University Department of Athletics facilities that the Participant will participate in shall hereafter be referred to as the “Activity.”

Description of Activity: Louis Rowe Basketball Camps

1. Release, Waiver of Liability, and Assumption of Risk: In consideration of the opportunity afforded Participant to participate in the Activity in the James Madison University Department of Athletics facilities, Participant hereby releases and forever discharges the University from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from or in connection with the Activity. Participant understands that this Release discharges the James Madison University from any liability or claim that Participant may have against the University with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from participation in the Activity. Participant understands and acknowledges that potential risks to health and personal property may be associated with participation in the Activity, and Participant voluntarily assumes those risks.

2. Medical Treatment and Preexisting Medical Conditions: Participant hereby releases and forever discharges the University from any liabilities, claims, costs and damages that arise or may hereafter arise on account of any first aid, medical treatment, or service rendered to Participant in connection with the Activity. Participant will take for herself or himself any appropriate precautions or medications to treat and/or reduce the likelihood of exacerbating any pre-existing health conditions, or insect, food or medication allergies.

3. NCAA Compliance: By signing below, Participant acknowledges that they have not knowingly participated in or become aware of any violation(s) of NCAA rules involving the University or individuals affiliated with or acting on behalf of the University. Participant’s signature below also indicates Participant’s agreement to immediately disclose to the Department of Athletics Compliance Office any NCAA rules violation(s) of which Participant becomes aware.

4. Other: This Release shall be binding and legally enforceable against Participant and Participant’s heirs, executors, administrators, and legal representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of Virginia. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

I HAVE CAREFULLY READ THIS RELEASE.

Signed: _____ Date: _____

Printed Name: _____

Emergency Contact: _____ Phone#: _____