

Briar Cliff UNIVERSITY

the catholic franciscan learning place

In consideration of my child being allowed to participate in any way in the Briar Cliff University Volleyball Team Camp, the undersigned acknowledges, appreciates, and agrees that: The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist.

In consideration of the acceptance of this registration for participation in the Briar Cliff University Volleyball Team Camp I, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against all sponsors and staff of the Camp for any and all damages which may be sustained and suffered by my child in connection with her association with, or participation in, the camp. I hereby authorize the staff of the camp to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release United Sports Academy, its parent, subsidiaries, and affiliates, and United Sports Academy's officers, directors, trustees, medical staff, employees, agents, volunteers, and independent contractors, from any and all claims, liability and damages related to or arising out of my participation in the camp. I agree to pay for all costs associated with any injuries, present and future, which result from participation in the Camp, through my medical insurance and/or personal finances.

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

I, FOR MYSELF, MY SPOUSE, AND CHILD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Child/Athlete: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____