

BRING A FRIEND TO CAMP DAY WAIVER

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by participating in Game On! Sports Camp's Bring a Friend to Camp Day, you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program and you will be required to indemnify, hold harmless and defend the Game On! Sports Camp 4 Girls for any claims arising out of participation in said program.

Risk of Injury: "As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

Waiver of Injury Claims: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program."

Release from Liability: "I do hereby fully release and discharge Game On! Sports Camp 4 Girls and its officers, agents and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program."

Indemnity and Defense: "I further agree to indemnify, hold harmless and defend Game On! Sports Camp 4 Girls and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program."

In the event of any emergency, I authorize Game On! Sports Camp 4 Girls to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

Participants Name: _____
Emergency Phone contact # _____

Participant Family e-mail address _____

Email Required

Parent/Guardian

Date
