



PARTICIPANT/PARENT WAIVER, RELEASE OF LIABILITY, INDEMNITY AGREEMENT, AND MEDICAL AUTHORIZATION

In consideration for Registrant being permitted to participate in the Goucher College Men's Basketball Fall Prospect Camp ("Basketball Camp") on the campus of Goucher College on September 29th, 2019, I agree to the following, on my own behalf and on behalf of the minor Registrant. I, the parent/guardian of Registrant, do hereby:

- 1. ASSUME THE RISK OF BODILY INJURY OR DEATH TO REGISTRANT.** I understand that participation in the Basketball Camp involves physical contact between players, that serious accidents occasionally occur during such sporting activities, and that participants in such sporting activities occasionally sustain serious personal injuries (including death) and property damage as a consequence thereof. Knowing the risk of participation in basketball activities, I hereby agree that my minor child and I assume those risks.

- 2. WAIVE, RELEASE, FOREVER DISCHARGE AND COVENANT NOT TO SUE** Goucher College and all of its trustees, officers, directors, agents, servants, employees, representatives, independent contractors, volunteers, successors and assigns (collectively the "Releasees") from any and all claims, causes of action, demands, damages, liabilities, expenses, suits, actions and/or judgments whatsoever that may arise out of or in connection with the Registrant's participation in the Basketball Camp, including, without limitation, any and all claims for personal or bodily injuries, death or property damage, **WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES OR OTHERWISE**, except to the extent caused by Releasees' gross negligence or intentional misconduct.

- 3. AGREE TO DEFEND, HOLD HARMLESS AND INDEMNIFY** the Releasees from any and all claims, demands, causes of action, damages, liabilities, expenses (including, without limitation, any attorney's fees and costs), suits, actions and/or judgments made or brought by any party that may arise out of or in connection with the Registrant's participation in the Basketball Camp, including, without limitation, any and all claims for personal or bodily injuries, death or property damage, **WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES OR OTHERWISE**, except to the extent caused by Releasees' gross negligence or intentional misconduct.

MEDICAL AUTHORIZATION. I understand that for the duration of the Basketball Camp my child will be under the supervision of individuals affiliated with Goucher College. If the Registrant should require any emergency medical procedures or treatment during participation in the Basketball Camp, I consent to representatives of Goucher College providing, arranging for or consenting to such procedures or treatment, in their discretion. I understand that I will be responsible for payment of any expenses relating to such treatment and that it is my responsibility to ensure that I have medical insurance coverage for such expenses.

In witness whereof, I HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THE WAIVER, RELEASE OF LIABILITY, INDEMNITY AGREEMENT, AND MEDICAL AUTHORIZATION on my behalf and on behalf of the minor Registrant.

**THIS IS A RELEASE OF LEGAL RIGHTS
READ AND UNDERSTAND BEFORE SIGNING**

Registrant Name (Print)

Date

Parent/Guardian Signature

Print Name