**DePaul Athletics Camp Release & Waiver-Team Camp 2018**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), am the parent/legal guardian of the minor child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of child) (hereafter referred to as "my child"). I desire for my child to participate in the **Team Camp** being sponsored by DePaul University (“DePaul”) on **June 10, 2018** (hereinafter the "Camp"). I understand that this Camp Release & Waiver covers the entirety of my child’s participation in the Camp, including any travel to and from the Camp.

I acknowledge that I amallowing my child to participate in this Camp at my own free will. I acknowledge and appreciate that certain risks are inherent in participating in the Camp. These risks include, but are not limited to, the risks of personal injury, including concussions, illness or death, property damages, and property loss or theft, arising out of accidents, epidemics and disease, acts of terrorism, negligent acts or omissions of child, myself or others (including DePaul University and its agents and students), or civil disturbances and disorders.

I understand that I am solely responsible for any medical, health or personal injury costs relating to my child's participation in the Camp. Should my child become ill or injured, I give permission for DePaul University and its employees and agents to render first aid and to seek medical treatment or rescue services on my child’s behalf, as they see fit and at my cost. I am further aware that any medical, health and personal injury costs resulting from or relating to the activities undertaken pursuant to my child’s participation in the Camp will be my sole responsibility. I agree to be financially responsible for the cost of any medical, health and personal injury costs.

I further authorize DePaul and its agents, licensees, sublicensees and assignees, to publish, duplicate, print, sell, distribute, broadcast, or otherwise use my child’s name, image, and/or voice in any manner or media for purposes of a commercial nature to promote DePaul University or its Camp. This includes any photographic images that are taken of my child taken in connection with his/her participation in the Camp.

IN CONSIDERATION OF MY CHILD BEING ALLOWED TO PARTICIPATE IN THE CAMP, I hereby PERSONALLY ASSUME ON BEHALF OF MY CHILD ALL RISKS WHICH ARE FORESEEABLE AND INVOLVED WITH OR MAY ARISE OUT OF MY CHILD'S VOLUNTARY PARTICIPATION IN THE CAMP.

I hereby release, waive, discharge and hold harmless DePaul, its affiliates, predecessors, successors, trustees, officers, MEMBERS, faculty, employees, STUDENTS, agents, and representatives, past or present (the “Released Parties”) from any and all claims, suits, LOSSES, liabilities, judgments, costs, FEES (INCLUDING ATTORNEYS' FEES) and expenses (“Claims”) for any personal injury, INCLUDING CONCUSSIONS or illness, epidemics and disease, death, property damage, loss and/or theft OR ANY OTHER OCCURRENCE DURING THE CAMP, or arising out of my CHILD'S participation in the Camp, INCLUDING AS A RESULT OF THE NEGLIGENT OR WILLFUL AND WANTON ACTS OF OTHERS, THE CRIMINAL AND/OR INTENTIONAL ACTS OF OTHERS, THE OMISSION OF AN ACT OF ANOTHER, traveling to or from the camp, ANY DEFECT IN THE PREMISES OR EQUIPMENT, THE UNAVAILABILITY OF MEDICAL TREATMENT OR THE SECURING OF MEDICAL TREATMENT. I ALSO AGree to defend, indemnify and hold harmless the released parties from and against any claims arising from or related to my CHILD OR MY own acts or omissions during the Camp.

**I enter into this Release & Waiver for myself, my child, my heirs, my assigns, and my legal representatives. In signing below, I certify that I have read and fully understand the above.**

Signature of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical conditions or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

circumstances which may impact

my child at the Camp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_