

Liability Waiver

Consent to Medical Treatment & Release of Liability: (Read this before signing below)

In consideration of being allowed to participate in this camp/clinic/tournament, related events and activities, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE University of Mary Board of Trustees and their officers, agents, or employees and State of North Dakota (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise while participating in the camp/clinic/tournament, or while in, on upon the premises where the event is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with camp activities. I am fully aware of risks and hazards connected with the camp/clinic/tournament. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY, DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp/clinic/tournament's activities, WETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in this event, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEE or otherwise.

During the period of the camp/clinic/tournament, I hereby give permission for the staff of University of Mary to administer appropriate medical attention to me/my child in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

---

Parent/Guardian's Signature

Date

---

Print Attendee's Name

---

Medical Insurance Company Name

---

Group/Policy #

Insurance Company Phone #

---

Policy Holder's Name

\*Note: Please attach copy of insurance card