

**ATTACHMENT A**

**RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT  
(MONTGOMERY COUNTY, OHIO)**

In consideration for the Attendee being permitted to participate in the 2017 Wright State Summer Youth Camps. I do waive and release forever any and all rights for claims and damages I may have against Wright State University, its governing board, officers, agents, employees, and Coach Mercer, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of Wright State University, its officers, employees, agents, and Coach Mercer, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by Wright State University and that Coach Mercer is providing this instruction or camp outside the scope of his/her employment with the University. I agree to release, hold harmless, and indemnify Wright State University, its governing board, its officers, its employees, its agents, and Coach Mercer from any and all claims and liability arising out of the Activity.

Printed Name of Attendee: \_\_\_\_\_

Signature of Attendee: \_\_\_\_\_

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent or Guardian: \_\_\_\_\_

Address & Telephone Number:

\_\_\_\_\_  
\_\_\_\_\_



**Medical waiver**

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List briefly and state any medical condition that would be of help in treating your son or daughter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies and/or medications currently taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Insurance Agreement Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Comments: \_\_\_\_\_