

This liability waiver / medical release of responsibility page MUST be PRINTED out, AGREED to, COMPLETED, SIGNED and turned in at the registration/ check-in area to the camp/ clinic staff prior to the start of the event listed below. One waiver per camper suffices for a multi-day event or an event which is several weeks in nature.

PARTICIPANT NAME: _____

Age & Grade: _____

FRIDAY NIGHT LIGHTS

Friday September 8th, 2017

6p – 8p

REFUND POLICY: There are no refunds- if you can't attend the camp/clinic and you notify the camp director at least 72 hours prior to the start of the event, you may receive a credit towards a future UW Softball clinic offered during the 2017-2018 school year only/prior to June 1, 2018 (future camp credit for this specific event can't be redeemed for any camps/clinics in June, July or August 2018). Email inquiries to register@washingtonsoftballcamps.com

ASSUMPTION OF RISK / RELEASE FROM LIABILITY / HOLD HARMLESS: I, the undersigned, as the legal parent or guardian of the above named registrant hereby acknowledge that the camper named above is covered by our own medical insurance as stated on the registration. It is further understood that the University of Washington does not provide medical insurance covering injuries of any nature incurred at any of the University of Washington Softball camps and/ or clinics in addition to any camps or clinics offered by Washington Softball Camps, LLC. The undersigned hereby releases the University of Washington, its successors, assigns, officers, agents, employees AND Washington Softball Camps, LLC its successors, assigns, officers, agents, employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation of the above named child/camper at the softball camp/clinic listed at the top of this form.

CONSENT FOR TREATMENT OF A MINOR: I, the undersigned, authorize the University of Washington Softball staff and the staff of Washington Softball Camps, LLC to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp/ clinic staff for this particular event, the University of Washington, The University of Washington Athletic Department and Softball program its successors, assigns, officers, agents, employees and Washington Softball Camps, LLC its successors, assigns, officers, agents, employees from any and all liability for any injuries or illness incurred while at this camp/clinic. I have no knowledge of any physical impairment or that would be affected by the above named person's participation in this camp/clinic/event. I am bound to hold any medical facility that treats the above named participant including all physicians harmless from any and all consequences to such treatments, diagnosis or surgery that these duties are performed with ordinary care and to the best of their ability.

CONSENT FOR USE of VIDEO, AUDIO and PICTURES: I, the undersigned, authorize the University of Washington Softball staff and Washington Softball Camps, LLC to use any pictures, video, and audio taken at the aforementioned camp/clinic/event listed at the top of this form for use at their discretion, including but not limited to marketing of future camps/clinics/events and for profit ventures.

I have read, fully understand and agree to the terms of both the "Consent for Treatment of a Minor", "Assumption of Risk / release from Liability" and "Consent for use of Audio, Video and Pictures" for this camp/clinic/event.

Parent/Guardian Printed Name: _____

Parent/ Guardian Signature: _____ **Date:** _____

Parent/ Guardian cell phone: _____

Email address: _____