

## **Release and Waiver of Liability**

### **Saint Louis University / John Conway Softball Camps**

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously injured.

I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air-conditioned). I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risks associated with the above sport. I have certified to the coach, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I understand that the coach recommends that my child/ward obtain a physical examination to identify any physical condition or limitation of which I might not be aware that could affect his/her participation in the above named sport. I have advised the coach of any limitations on my child's/ward's activities for medical reasons.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless the coach, Saint Louis University, and their respective employees, agents, representatives, physicians, athletic trainers and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport or camp. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians or anyone else who might assert a claim on our behalf.

I have been advised that the camp will provide secondary medical insurance coverage for camp participants. I understand that this insurance is not a substitute for my primary insurance and provides maximum coverage up to \$25,000 per accident with a \$50 deductible per claim and a \$1,000 maximum dental in accordance with the terms of the secondary insurance plan/policy.

I hereby consent to permit the Saint Louis University coach and staff working at the camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

John Conway Softball Camps and Saint Louis University, in its sole discretion, from time to time, may choose another venue to accomplish the purpose of this camp. This waiver of liability extends to any venue, its ownership, management, and employees, chosen by John Conway Softball Camps.

By signing this form, you grant John Conway and Saint Louis University the right to use photos of any campers for future advertising and promotional efforts.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_