

Capital University Camp waiver/release form

Capital University Soccer Camps/Clinics RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT IN CONSIDERATION FOR PROGRAMS, FACILITIES AND ACTIVITIES of The Capital University Soccer Camps/Clinics for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with The Capital University Athletic Center Complex the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated program. It is further warranted that such entry into The Capital University Athletic Center Complex for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE CAPITAL UNIVERSITY ATHLETIC CENTER COMPLEX FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF- SITE PROGRAM AFFILIATED WITH THE CAPITAL UNIVERSITY ATHLETIC CENTER COMPLEX, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Capital University, Capital University Athletics, The Capital University Athletic Center and Capital University Women's Soccer Program and its directors, officers, employees, coaches, trainers, volunteers, facility managers and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Capital University Soccer Camps/Clinics and the Capital University Athletic Center Complex.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about The Capital University Athletic Center Complex premises or in any way observing or using any facilities or equipment of The Capital University Athletic Center Complex or participating in any program affiliated with Capital University Soccer Camps/Clinics whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about, or upon the premises of The Capital University Athletic Center Complex and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Capital University Soccer

Camps/Clinics. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Camper Name _____ Parent/Guardian
Signature _____ Date _____