ARCADIA UNIVERSITY  
CAMP/CLINIC ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT

1. Participant Agreement. I affirm that my participation in the camp/clinic is entirely voluntary, and understand that participation in the camp/clinic involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in a game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I also understand that, despite safety precautions, Arcadia University cannot guarantee that I will not be injured. I agree to assume these risks. I understand that the best way to minimize these risks is to follow the rules, regulations and instructions of the staff of the camp/clinic.

2. Parent/Guardian Agreement. I agree to allow my child to participate in the camp/clinic and affirm that my child's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the camp/clinic (some of which are described above) that may cause serious injury or even death. I also understand that, despite safety precautions, Arcadia University cannot guarantee that my child will not be injured. My child and I are willing to assume these risks. To minimize the risk, I have instructed my child to obey all the rules, regulations and instructions of the camp/clinic. In the event of an emergency, I authorize Arcadia University to seek any and all medical treatment which is reasonably necessary to care for my child. I acknowledge my responsibility to pay all costs associated with my child's medical care and authorize all insurance payments to be made directly to the medical facility.

3. Assumption of Risk, Release and Indemnity Agreement. In consideration of being permitted to participate in the camp/clinic, and intending to be legally bound, we hereby acknowledge and agree as follows:

A. To assume full responsibility for any risks or loss, or personal injury, both known and unknown, including death that may be sustained by me or my child, or any loss or damage to property owned by me or my child, as a result of, participating in the camp/clinic.

B. To release, waive, discharge, and agree not to sue, to the fullest extent permitted by law, Arcadia University, or its trustees, officers, employees, agents, students, and staff from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that we might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child, or to any property belonging to me or my child, while participating in the camp/clinic.

C. To indemnify and hold Arcadia University harmless from any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to the negligent acts or omissions of the undersigned.

By signing below, we acknowledge that we have read, understand and agree to the terms outlined above and acknowledge that this agreement includes AN ASSUMPTION OF RISK, RELEASE, AND AN AGREEMENT TO INDEMNIFY ARCADIA UNIVERSITY.

Name of Participant (Please Print)

__________________________
Signature of Participant

__________________________
Date:

____________________________________
Name of Parent/Guardian (Please Print)

__________________________
Signature of Parent/Guardian

__________________________
Date: