

**LIABILITY, RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE**

*Rob Donnenthirth Clinic & Camps*

This is a legally binding Release executed by (camper's name) \_\_\_\_\_ and by \_\_\_\_\_ (Parent or Guardian name) to Rob Donnenthirth Soccer Camps, Greenville, North Carolina.

I/We, the Undersigned request that \_\_\_\_\_ (referred to as the "Camper") be granted permission to participate in the Rob Donnenthirth Soccer Camp on \_\_\_\_\_ (list dates of camp/clinic).

In consideration of the Camper being permitted to participate in the camp, I/We do release, waive, forever discharge, and covenant not to sue the institution, its governing board, officers, agents, employees, volunteers, and any students acting as employees ("Releasee"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature which Camper, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Camper or by any property belonging to me, while Camper is in, on, upon or in transit to or from the premises where the camp, or any adjunct to the camp, occurs or is being conducted.

I/We have signed this "Liability Release, Waiver, Discharge and Covenant Not to Sue" in full recognition and appreciation of the dangers, hazards, and risks of such activities, which dangers include but are not limited to heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs, teeth etc., and which could include serious or even mortal injuries or property damage. I/We further attest that I/We have fully discussed the aforementioned risks and hazards, and Camper and Camper's Parent/Guardian agree that Camper has individually assumed the risks involved with this camp as witnessed below.

I/We understand and agree that Releasees do not have medical personnel available at the location of the camp or on the campus. I/We understand and agree the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

It is my/our express intent that this release and hold harmless agreement shall bind the members of Camper's family and spouse, if Camper is alive, and Camper's family, estate, heirs, administration, personal representatives, or assigns, if Camper is deceased, and shall be deemed as a "Liability Release, Waiver, Discharge and Covenant Not to Sue" the Above-names Releasees. Camper/Camper's Parent/Guardian further agrees to save and hold harmless, indemnify, and defend Releasees from any claim by Camper or Camper's family, arising out of Camper's participation in the Rob Donnenthirth Soccer Camp.

In signing this Release, Camper and Camper's Parent/Guardian acknowledge and represent that I/we have fully informed ourselves of the content of this Release of liability and hold harmless agreement by reading it before we sign it, and that I/we have reviewed it and Camper understands what it means and the I/We sign this document as my/our free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I/We further state that there are no health-related reasons or problems which preclude or restrict the Camper's participation in this camp, and the Camper has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to the Camper.

I/We further agree that this Release shall be construed in accordance with the laws of the State of North Carolina. If any term or provision of the Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I further state that I am fully competent to sign this Agreement, and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Camper, and for Camper's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.**

Parent or Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL RELEASE INFORMATION**

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

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

Date of Birth: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Guardian's Name (s):  
\_\_\_\_\_

Relationship:  
\_\_\_\_\_

**Check one of the following and sign below:**

Insurance Company Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy number/ or Group number: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_ Camper is not covered by Medical Insurance

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

Date: \_\_\_\_\_

**The camp staff must be able to contact a parent, guardian, or designated representative at all times during the time that a camp participant is at the camps.**

Name of Parent(s): \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Cell 1: \_\_\_\_\_ Cell 2: \_\_\_\_\_

Other: \_\_\_\_\_