



RELEASE AUTHORIZATION: EMERGENCY TREATMENT

I understand that I am required to maintain and carry medical insurance in an amount sufficient to cover any injuries sustained by the participant listed on this application while participating in any activity related to the Willamette University Volleyball Camp. I verify that the insurance coverage information attached herewith is accurate and true. This required coverage shall remain in full effect during the entire duration of the undersigned's participation in the Willamette University Volleyball Camp.

INSURANCE CARRIER NAME AND POLICY NUMBER

WAIVER OF LIABILITY, ASSUMPTION OF RISK AND EMERGENCY, AND INDEMNIFICATION AND HOLD HARMLESS

In consideration of being able to participate in Willamette University's Volleyball Camp, I, for myself, my heirs, personal representatives or assigns, do hereby waive liability, and release, and agree to indemnify and hold harmless Willamette University individually and Willamette University Volleyball Camp, its board, officers, employees, agents and all others acting on their behalf, from liability for injuries, damages or property loss resulting from, or in any way arising out or connected to, the undersigned participant's participation in the Willamette University Volleyball Camp. This waiver of liability, release, assumption of risk, and indemnification and hold harmless agreement shall apply to any activity or action taking place during or while being transported to the Volleyball Camp wherever they may be held.

Assumption of Risks and Emergency: Participation in Willamette University's Volleyball Camp carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks range from 1) minor injuries including scratches, bruises, and sprains to 2) major injuries including eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death Having read the foregoing, I know, understand, and appreciate the repercussions of these and other risks inherent in Willamette University's Volleyball Camp. As such, I hereby assert that participation is voluntary and that I knowingly assume all such risks personally and on behalf of the participant.

In case of any emergency, I authorize the staff of Willamette Volleyball Camp to obtain whatever medical transport and/or treatment is necessary for the welfare of the participant listed on this application. All charges and fees incurred in the rendering of transport or treatment is my responsibility.

Severability: The undersigned further expressly agrees that the foregoing release, waiver of liability, assumption of risks, indemnification and hold harmless agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Choice of Law and Jurisdiction- Any legal action involving Willamette University or Willamette University Volleyball Camp shall be brought in a court having jurisdiction over Marion County, Oregon. Notwithstanding any choice of law provisions to the contrary, Oregon law shall apply to any such action.

Acknowledgement of Understanding: I have read this release, waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and my signature is a complete and unconditional release of all liability to the greatest extent of the law.

I am the authorized parent guardian of this minor and I am legally authorized to sign this release on their behalf.

SIGNATURE

DATE