**Informed Consent Waiver and Express Assumption of Risk**

I hereby authorize on behalf of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Print name of child) to participate in the camp/clinic I have registered my child for with PROBST SOFTBALL CAMPS LLC. WAIVER AND RELEASE AS REQUIRED BY PROBST SOFTBALL CAMPS LLC. FOR ALL CAMPERS: Upon my registration being received, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all claims for damages, which I may or which may hereafter occur to me or my child, against PROBST SOFTBALL CAMPS LLC., Student Services Inc., and Millersville University or their respective officers, agents, representatives, successors and/or assigns, for any or all damages which may be sustained or suffered by either or both of us in connection with my association with or participation in on the campus of Millersville University.

I realize injuries can be a consequence of participation in this activity and no amount of supervision or use of the facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume on behalf of my child all risk of possible death, harm, or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to any or all bodily organs and functions. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my child’s life, and I choose to accept this risk and allow her to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Millersville University of PA, PA’s State System of Higher Education, the Commonwealth of PA, and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, or arising from, in any manner, injuries to my child as a result of her participation in this activity. I, the parent or guardian, do hereby agree to the above waiver and release.

**By my signature below, I certify that I completely read and understand this document.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date