

LIBERTY UNIVERSITY SOFTBALL CAMPS -- ASSUMPTION OF RISK AGREEMENT

I desire to participate in a **LIBERTY UNIVERSITY SOFTBALL CAMP** ("Camp") provided by Dot Richardson Softball Series, Inc. at Liberty University's campus. In order to participate in the Camp, I agree to the terms below and assume all risks associated with my participation in the Camp, including those specifically identified below.

Risks:

THE CAMP HAS CERTAIN INHERENT RISKS WHICH MAY AFFECT ME, INCLUDING, BUT NOT LIMITED TO, PROPERTY DAMAGE OR LOSS, TEMPORARY OR PERMANENT BODILY INJURY, SICKNESS, DISEASE, AND EVEN DEATH. Specific risks that may be involved in the Camp include, but are not limited to: unwanted contact with other participants and their playing equipment, equipment failure, fast-moving playing equipment (including things like balls), contact with the playing surface and surrounding elements, environmental conditions (including weather), slipping, tripping, falling (including falling out of bunk beds, for overnight camps), and my individual susceptibility to harm or injury (whether known or unknown to me). The results of these and other inherent risks may include, but are not limited to, serious neck and spinal injuries, complete or partial paralysis and/or brain damage, serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of my musculoskeletal system, concussions, sprains, and other serious injury or impairment to other aspects of my body, and my general health and well-being.

Indemnification:

I agree to indemnify, defend, and hold harmless Liberty University, Inc., Dot Richardson Softball Series, Inc., and their officers and employees from any liability for injuries and property damage caused in any way by me.

Photography Consent:

I hereby grant Liberty University consent to use any photograph/likeness or video of me from Camp for marketing purposes.

Governing Law; Forum Selection:

This agreement will be governed by Virginia law. Any legal action arising out of or relating to this agreement must be brought in a state court sitting in Lynchburg, VA.

Medical Fitness and Treatment Authorization:

I agree that I am in sufficiently good health to participate in this Camp and that I am free from any medical condition, physical or mental, that could interfere with my ability to participate in Camp activities or that could be worsened by participating in those activities or that could endanger my health or safety or the health or safety of other participants. In the event of an injury, illness, and/or accident involving me, I hereby grant Camp personnel full authority to obtain or provide emergency hospitalization, surgical or other medical care, and transportation to a medical facility, all at my expense. I assert that either I have valid and current insurance coverage for any injury or damage I may cause or suffer while participating in the Camp, or I agree to personally bear the costs of such injury or damage, including any co-pays from secondary insurance, if available. I acknowledge that Liberty University does not provide health or accident insurance.

PARTICIPANT CONSENT (required of all participants, regardless of age)

BY SIGNING BELOW, I AGREE I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT, I AGREE TO ALL OF THE TERMS ABOVE, AND HEREBY ASSUME THE RISKS ASSOCIATED WITH ACTIVITIES AT THE CAMP.

Signature of Participant: _____ Date: _____

Name of Participant: _____ Age: _____ Date of Birth: _____

PARENT/GUARDIAN CONSENT (required if the participant is less than 18 years of age)

As the parent and/or legal guardian to the minor participant identified above, I agree I have carefully read and understand this agreement, I agree to all of the terms above and adopt all representations, consents, and acknowledgements made by my child above, both personally and on behalf of the minor participant, and hereby assume the risk that the minor participant may be injured while participating in activities at the Camp and indemnify Liberty University and Dot Richardson Softball Series, Inc. as indicated above.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Parent/Legal Guardian (Print): _____