

SEATTLE BASKETBALL CAMPS PARTICIPATION AGREEMENT

Name of Participant:

Name of Program:

Seattle Basketball Camps by Seventy times Seven LLC at Seattle University. I am the parent or legal guardian of the child participant named above.

Risks. I am aware that the Program activities are vigorous and can involve severe cardiovascular, muscular and skeletal stress. I understand that the Program activities involve certain risks, including but not limited to slipping; falling; muscle strains/sprains/cramps; back, shins, finger, head, face and neck injuries; heat exhaustion or thermal stress; knee, shoulder, ankle, hand, wrist and other joint injuries. In addition, I understand that participation in the Program involves activities incidental thereto, including, but not limited to, the possible reckless conduct of other participants that may cause injury to my child. I understand that all stresses and hazards associated with this activity cannot be foreseen. I understand and voluntarily assume all such risks of my child's participation in the Program.

Release. In consideration of my child's participation in the Program and use of Seattle University's facilities, I hereby release Seattle Basketball Camps, Seventy times Seven LLC, and Seattle University and their respective directors, trustees, officers, employees, and agents (the "Released Parties") from any and all liability for any injuries, claims, or damages incurred by me, my child, or on behalf of my child arising from, or in connection with, my child's attendance at and participation in the Program.

Indemnification. I agree not to sue or make a claim against the Released Parties for injury, illness, death, damage or loss sustained as a result of my child's participation in the Program. I will indemnify, defend and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action relating to my child's participation in the Program. I accept all responsibility for loss or additional expenses due to unforeseen causes.

Rules and Regulations. I agree that my child will abide by all U.S. Seattle University rules and regulations and all instructions of Seattle University staff.

Medical Treatment; Physical Fitness; Insurance. In case of a medical emergency or medical necessity, I authorize all medical, surgical, and diagnostic procedures for my child as may be performed or prescribed by medical personnel, until the child's emergency contact can be notified. I accept full responsibility for the costs of all medical treatment my child may receive. Furthermore, I certify that my child is physically fit to participate in all Program activities and that he/she is covered by health or accident insurance.

Photography/Video. If Seattle University photographs or makes video recordings of the Program events and activities, I hereby grant to Seattle University the irrevocable, assignable, worldwide right and license to use, alter and publish my child's image, alone or together with other images and texts, for University publications and for all other purposes reasonably related to promotion of the University in any manner and in any medium now know or later developed, without the need for my prior approval.

Parent/Guardian Signature

Printed Name

Date

Emergency Contact Information FULL NAME:

ADDRESS:

CITY: STATE: ZIP CODE:

PHONE: