

ACKNOWLEDGEMENT, WAIVER AND RELEASE AGREEMENT

The undersigned, parent or guardian of a minor child who intends to attend ST.JOHN’S VOLLEYBALL CLINIC located at OAKDALE CAMPUS of St. John’s University, New York (the “University”), hereby acknowledges and accepts that there are certain risks arising from or in connection with the ST JOHN’S VOLLEYBALL CLINIC, including but not limited to bodily injury. I am fully aware of the risks and hazards connected with the activity, and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me as a result of my attending ST JOHN’S VOLLEYBALL CLINIC, whether caused by the negligence of the University or otherwise.

I hereby represent and warrant that I am in good health and that I have no health Condition, illness or communicable disease that may make my use of OAKDALE CAMPUS injurious to me or any other user of the OAKDALE CAMPUS. If I should develop any such condition, illness or disease during the term of ST JOHN’S VOLLEYBALL CLINIC. I promise to discontinue ST JOHN’S VOLLEYBALL CLINIC until I have received an appropriate medical release from my doctor authorizing me to continue ST JOHN’S VOLLEYBALL CLINIC .

I hereby release and forever discharge the University and its trustees, officers, servants, agents and employees from any and all liability for any damages, losses or Injuries which may be sustained or suffered by myself arising out of or in connection with ST JOHN’S VOLLEYBALL CLINIC.

I hereby hold harmless the University and its trustees, officers, servants, agents and employees from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, judgments, costs or expenses, including attorneys’ fees, which may result from, arise out of, or relate to ST JOHN’S VOLLEYBALL CLINIC.

I further represent and warrant that my participation in ST JOHN’S VOLLEYBALL CLINIC is covered by a policy of comprehensive health and accident Insurance that provides coverage for injuries that I may sustain as part of my participation in ST JOHN’S VOLLEYBALL CLINIC.

I, _____,
Parent/Guardian Name (print)

- (A) am the parent or legal guardian of the above participant
- (B) have read the foregoing Acknowledgment, Waiver and Release Agreement (including such parts as may subject me to personal financial responsibility).
- (C) am and will be legally responsible for the obligations and acts of the participant as described in this Acknowledgment, Waiver and Release Agreement, and
- (D) agree for myself and for the participant, to be bound by its terms.

Camper’s Name (print)

Parent/Guardian Signature

Date