RAM VOLLEYBALL CAMP/SJS SPORTS CAMPS, LLC

Minor Consent & Release Form

I hereby certify and agree that _____ (Child's Name) (hereinafter, "My Child") has my approval to participate in the **RAM VOLLEYBALL CAMP** (hereinafter "the Activity") to be held from **JULY 14th – 21st 2019**, at the University of Rhode Island.

I know the nature of the Activity and My Child's experience and capabilities and consider My Child to be qualified to participate in the Activity. However, I acknowledge that there are certain risks of physical injury or illness associated with the Activity.

In return for My Child's participation in the Activity: I fully and forever RELEASE, WAIVE, DISCHARGE, ACQUIT, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE, University of Rhode Island, Rhode Island Board of Education, the State of Rhode Island including its governing board, officers, employees, students, agents and volunteers (hereinafter collectively referred to as "the University"), SJS Sports Camps LLC, RAM VOLLEYBALL CAMP and their designated representatives from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including but not limited to travel to, from, and for the activity, or while on premises owned or controlled by the University. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of the University, SJS Sports Camps LLC, or RAM VOLLEYBALL CAMP. I further agree to indemnify and hold harmless the University, SJS Sports Camps LLC, and RAM VOLLEYBALL CAMP for any loss, liability, claim or injury caused by me (my child) while participating in this activity including traveling to, from, and for the activity, or while on premises owned or controlled by the University.

I recognize that the University, SJS Sports Camps LLC, or RAM VOLLEYBALL CAMP do not assume responsibility for or liability for - including costs and attorney's fees - any accident or injury or damage resulting from any aspect of participation in the Activity. The University, SJS Sports Camps LLC, or RAM VOLLEYBALL CAMP are not liable for any special, incidental or consequential damages arising out of or in connection with any aspect of participation in the Activity.

I also give permission for My Child to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by My Child. However, I agree that the University, (including, but not limited to, each of the University's regents, boards, agents, employees, officers or representatives), SJS Sports Camps LLC, or RAM VOLLEYBALL CAMP are not responsible for any medical bill incurred as a result of any personal illness or injury to My Child, even if the University, SJS Sports Camps LLC, or RAM VOLLEYBALL CAMP has signed hospital documentation promising to pay for the treatment. That medical bill is my responsibility.

I understand that by signing this document, I give up substantial rights that I or My Child would have otherwise to receiver damages for any loss occasioned by SJS Sports Camps LLC, RAM VOLLEYBALL CAMP, or University's fault, and I sign it voluntarily and without inducement.

THIS IS A WAIVER OF LEGAL RIGHTS. PLEASE READ AND UNDERSTAND BEFORE SIGNING.

Signature of Parent/guardian: _____ Date: _____

If you are registering by mail:

Please **SIGN** and **MAIL** to:
URI Women's Volleyball
75 Keaney Rd.
Kingston, RI 02881

or

SIGN, **SCAN**, & **Email** to:
sjssportscamps@gmail.com

or

Bring form with you at camp check in.
(Remember you will not be allowed to participate without this form!)