**GORDON COLLEGE ATHLETICS CLINIC**

**INDEMNITY RELEASE AND WAIVER**

I hereby acknowledge that participation in the Gordon College **“ATHLETICS CLINIC”** may involve physical and recreational activities and that these activities may involve risks including, but not limited to, the following:

• Physical exertion, such as: lifting, spotting, holding, catching other individuals; lifting equipment; running, quick movements; climbing; balancing; and stretching exercises.

• Environmental hazards, such as: uneven, rough terrain; hot, exposed climate; unpredictable weather; unpredictable conditions (lightning, rain, etc.); unpredictable contact with plants, insects and other naturally occurring phenomenon, often of unknown variety or origin

• Risks inherent to participation in sports and other recreational activities, such as: being hit or struck by equipment; rough, physical contact with other participants.

I realize that it is not possible to list specifically each and every risk. However, knowing the material risks and appreciating, knowing and reasonably anticipating that injuries, illness, paralysis and even death are possible, on behalf of my minor child, I hereby expressly assume all such risks that could occur by reason of his/her participation in any activities and the use of facilities and equipment related to the above named Clinic/Event.

I agree that, in exchange for and in consideration of the College permitting my minor child to participate in the above named Clinic/Event. I hereby agree to **forever release**, Gordon College, its trustees, officers, agents, and employees, from any cause of action, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence or any other form of action for which a release may be legally given (including attorneys’ fees and costs) which may arise by or in connection with my minor child’s participation in any activities related to the above named Clinic/Event.

I further **covenant not to sue** and agree to **hold harmless and indemnify** the College, its trustees, officers, agents and employees from any and all liability, causes of action, claims, demands, losses or costs of any kind and nature whatsoever (including attorneys’ fees) arising out of or in any relation to my minor child’s participation in any activities or his/her use of the facilities or equipment related to the above named Clinic/Event.

I understand that while participating in the above named Clinic/Event, my minor child must follow the instructions and directions provided by College personnel and that he/she must abide by the policies of Gordon College. Failure to follow instructions or directions may result in my minor child’s immediate dismissal from the above named Clinic/ Event.

I hereby authorize Gordon College to act on my behalf in any medical emergency:

 **\_\_\_\_\_\_\_ (Parent/Guardian Initials)**

I hereby grant permission to the College to obtain video of or photograph my minor child and to use and display such video or photographs publicly (including on an affiliated website) for educational, promotional, or any other purposes in furtherance of the non-profit missions of Gordon College. **(please circle one) YES | NO**

I hereby certify that I am voluntarily signing this release, and intend to be legally bound by the terms of this document. I have carefully read all of its provisions, and fully understand its significance.

Signature of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF PARTICIPANT IS UNDER THE AGE OF 18, PARENT/GUARDIAN SIGNATURE IS REQUIRED.**

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT Info for Emergency or Weather Related Changes/Updates:**

**Participant:**

**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent:**

**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_