

PARTICIPANT RELEASE OF LIABILITY-READ BEFORE SIGNING

Participant Name: _____

Parent's Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

In consideration of being allowed to participate in any way in Mass Premier Summer Camps, related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2. I knowingly and freely assume all such risks, both known and unknown, even arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated customary terms and conditions of participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on the behalf of my heirs, assigns, personal representatives and the next of kin, hereby release, indemnify and hold harmless Mass Premier Courts, Mass Premier Summer Camps (Volleyball and Basketball), their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, sponsors, advertisers and if applicable, owners and lessors of the premises used to conduct me event ("Releasees"), with respect to any and all injury, disability death, or loss or damage to person or property, whether arising from negligence of the releasees or otherwise, to the fullest extent of the law.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Participants Signature FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (Under 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releases, and, for myself: my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in this program as provident above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

Date Signed: Parent/Guardian's signature

****THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO PARTICIPATING IN ANY CAMP/ CLINIC OR PROGRAM***