CENTRAL WASHINGTON UNIVERSITY

ACKNOWLEDGMENT OF RISKS AND RELEASE OF CLAIMS

ACKNOWLEDGMENT OF RISKS. I understand that my participation in the CWU sports camp program involves potential risks to my health or safety. Such risks may include falls, collisions with other participants, heat exhaustion, rhabdomyolysis, paralyzation, broken bones, torn ligaments, sprains, concussions, heart failure, permanent injury and such other injuries or illnesses as can occur in the course of vigorous physical activity.

I understand that my participation in the program is voluntary. I acknowledge and voluntarily assume the risks of my participation, whether such risks result from my own negligence, the negligent acts or omissions of others, faulty equipment, or otherwise. I further understand that I am solely responsible for determining whether I am physically capable of participating in the program and whether I have any medical or health condition that would prevent me from participating safely.

I hereby authorize CWU staff to seek emergency medical services for me should I become injured or ill with the understanding that I will be solely responsible for any and all resulting medical expenses.

WAIVER AND RELEASE OF CLAIMS. As a condition of my being permitted to participate in the CWU sports camp program, I hereby waive and release any claims that I or my estate may have against CWU or its staff or volunteers based on any injuries, illnesses, or property damage that I may sustain as a result of my participation in the program.

If the participant is under the age of 18, the signature of a parent or guardian is required. If I am signing as a parent or guardian of a minor child, I hereby acknowledge and accept the above risks of my child's participation in the program, and I waive and release any claims that I or we may have against CWU as stated in the above Waiver and Release of Claims.

Participants Name: _____ Phone Number: _____
(Please Print)

Address: _____

Emergency Contact: _____ Phone Number: _____

Participant's Signature: _____ Date: _____
(Parent or guardian if under the age of 18)

Shirt Size _____ Short Size _____