

Pole Vault City Sports Camps

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Pole Vault City Sports Camps, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Pole Vault City, its officers, employees, and agents from liability from any and all claims including the negligence of Pole Vault City, its officers, employees, and agents, resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to participation in Pole Vault City Sports Camps.

X

Signature of Parent/Guardian of Minor

Date

Name of Minor (Print)

Date of Birth

Camp

Assumption of Risks: Participation in Pole Vault City Sports Camps carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss or sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Pole Vault City Sports Camps. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification: I also agree to INDEMNIFY AND HOLD Pole Vault City and any property owners upon which it is using HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Pole Vault City Sports Camps and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the forgoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is found invalid, it agrees that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

X

Signature of Parent/Guardian of Minor

Date

MEDICAL CONSENT FORM

The undersigned represents that he/she is a custodial parent and/or the legal guardian of _____, who is a camp member at a Pole Vault City Sports Camp and as such is authorized to fully consent to medical care and treatment for such minor child.

That the undersigned agrees and hereby consents to allow Pole Vault City to obtain reasonable emergency medical care and treatment for _____ in the unlikely event that such medical care and treatment becomes necessary.

That the undersigned executes this consent with the understanding that Pole Vault City shall consult with and rely upon the advice of one or more physicians in determining the need for such emergency medical care and treatment.

X

Signature of Parent/Guardian of Minor **Date**

Name of Minor (Print) **Date of Birth** **Date**