

Wildcat Summer Softball Camp in conjunction with Willow Canyon H.S. August 5,2024



WAIVER, RELEASE & ASSUMPTION OF RISK

NAME OF PARTICIPANT: _____

I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in the Wildcat Summer Softball Camp in conjunction with Willow Canyon H.S.

I/We hereby for ourselves and our child, our heirs, executors, administrators, and assigns, ***release, waive and/or forever discharge any and all rights and claims arising from our child's participation in the Wildcat Summer Softball Camp events***, including but not limited to, practices, games, camps, clinics, competition, and related travel (the "Program"). We are fully aware of the safety risks of participating in fast pitch softball. We acknowledge and accept the risks and we understand that college players, Wildcat Summer Softball Camp, Willow Canyon H.S., and their coaches, officers, and representatives cannot guarantee my child's safety. I/We understand that it is my responsibility to let you know if my child has any condition that would limit her ability to safely participate in this activity. ***We specifically and expressly agree to indemnify and hold harmless the participating college players, Wildcat Summer Softball Camp, Willow Canyon H.S., its Directors, officers, coaches, College Players sponsors, volunteers, leaders, organizers and facility providers, from any and all injuries arising from or related to our child's participation in the Program.***

I further acknowledge that I will be responsible for any medical or hospital fees or costs with my child's medical treatment.

If the player / child is age eighteen or older, she on her own behalf, hereby concurs in and agrees to all matters set forth herein.

Signature of Parent or Guardian

Dated: _____

Printed Name of Parent or Guardian

Signature of Player

Dated: _____