



## SCHOOL DISTRICT OF WAUKESHA YOUTH SPORTS CAMP RELEASE OF LIABILITY WAIVER

I, the undersigned, hereby certify that I am the parent or legal guardian of the camp participant(s) listed below.

I understand that as part of my child(ren)'s voluntary participation in a School District of Waukesha Youth Sports Camp ("Camp"), my child(ren) will be participating in an active, physical sport and that the risks of injuries and illness (ex. communicable diseases such as influenza and COVID-19) to my child(ren) from participation in Camp activities are significant, including the potential for permanent disability and death. While rules, equipment and personal discipline may reduce them, the risks of serious injury and illness still exist; and on behalf of myself, my spouse, my child(ren), and my heirs, assigns, personal representatives and next of kin,

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child(ren)'s participation in the Camp, including, but not limited to, any and all costs and liabilities associated with the risks of said participation.
2. I HEREBY WAIVE, RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS the School District of Waukesha, the sponsoring school and program, the Camp staff, representatives, officers, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Camp("Releasees"), from all liability, claims, causes of action, and demands, including attorney's fees, fines, or other costs (e.g. medical costs), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in the Camp, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. In the event of an accident, injury or illness, I hereby give permission for the Camp staff and volunteers to seek, during the period of the Camp, appropriate medical treatment for my child(ren), and for my child(ren) to receive the medical attention in the event of an accident, injury or illness. I will be responsible for all costs of medical attention and treatment.

I also understand there will be more campers than staff at the Camp and that my child(ren) cannot always receive individualized attention and individualized supervision. I hereby acknowledge that my child(ren) is physically and mentally capable of participating in practices, games, and all Camp activities. If I observe any concern in my child(ren)'s readiness for participation in the Camp and/or in the Camp program itself, I will remove my child(ren) from participation in the Camp and immediately bring my concerns to the attention of a Camp official. I agree that my child(ren) and I will comply with all instructions, rules, regulations and policies required by the Camp, whether stated, customary, or otherwise, for participation in the Camp, including, but not limited to, those regarding prevention of and protection against contagious diseases and potential injuries.

I give permission for my child(ren) to be photographed while engaged in Camp activities for the sole purpose of advertising and publicity, and I understand that my child(ren)'s identity will remain anonymous in conjunction with any photograph used in marketing.

My signature below indicates I have provided true information and have read, understand and agree to all statements on this form and on any other form required by the Camp. I have agreed to give up substantial rights by signing this and do so freely and voluntarily without any inducement.

Name of camp: \_\_\_\_\_

Dates of camp: \_\_\_\_\_

Name of Participant(s): \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian cell phone: \_\_\_\_\_