

Bemidji State Women's Basketball Camp Waiver Form

I, as parent/guardian with legal responsibility for this minor child, wish to authorize _____, to participate in the Women's Basketball Camp offered by Bemidji State University in July 2017. I understand that this is a voluntary activity and my child is not required to participate. I understand that this minor, as a participant in events sponsored by, or associated with Bemidji State University, whether athletic or social in nature, is subject to risk of injury. My signature below signifies that I knowingly and voluntarily assume the risk of any injuries, regardless of severity, and including death, and all risk of damage to or loss of property that my child may incur due to my child's participation in this camp.

Model Release Agreement for Use of Picture, Video and Audio Images. I give Bemidji State University the irrevocable right to use my child's image(s) or voice in all forms and media and in all manners including composite or distorted representation. I waive all royalty fees for their use and manner of distribution. I also waive any right to inspect or approve the final version(s) including written copy that may be created in connection therewith. I have read this release and am fully familiar and approve its contents.

Release of Liability and Indemnification. In consideration for my child's opportunity to participate in this camp, I, on behalf of myself, my child, my heirs, next of kin, successors, assigns and personal representatives, hereby release, indemnify, and hold harmless the State of Minnesota, the Board of Trustees of the Minnesota State Colleges and Universities system, Metropolitan State University and its staff, employees, agents and representatives ("Releasees") from any and all liability whatsoever for damages, losses, or injuries (including death) that my child may sustain to his or her person or property, arising out of, resulting from, or occurring during his or her participation in the camp or any travel incident thereto, except where such damage, loss or injury is the result of the intentional or reckless conduct of the Releasees.

Governing Law and Jurisdiction. The laws of the state of Minnesota shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of this Agreement shall be in the courts of the State of Minnesota.

I agree that if any portion of this Agreement is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. I agree that this Agreement is to be construed broadly to provide a release, indemnification and waiver to the maximum extent permissible under applicable law.

This instrument is prepared in English language has a binding effect. In the event that a translation of this Document is prepared and signed by the parties or Participants, parents or legal guardians of Participants, this English language version shall be the official version and

shall govern if there is a conflict between this English language version and the translation. All disputes (litigation and mediation) under this Document shall be resolved and conducted, regardless of the means of authority, in the English language.

Consent for Medical Treatment. I certify that to my knowledge my child is medically able to safely participate in this camp. I hereby consent that my child may receive medical treatment that may be deemed advisable in the event of injury, accident or illness during this activity or event.

By my signature, I signify that I have read and understand this Agreement and agree to its terms, that by that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Signature of Parent/guardian

Date

Print Name

Email address, phone number or other emergency contact information

EMERGENCY CONTACT INFORMATION

Please provide emergency contact information that will be used by Camp officials to notify your designee(s) in case of an emergency.

Name of Contact: _____

Relationship: _____

Contact information:

Phone Number(s): _____
