

**UNC RELEASE**

For Participation in Activity in University Department of Athletics Facilities

For the purposes of this document, herein after referred to as "Release," the party intending to participate in the activity in the University Department of Athletics facilities shall hereafter be referred to as "Participant." The University of North Carolina at Chapel Hill, and its trustees, officers, employees and agents, acting within the course and scope of their duties, shall hereafter be referred to as "University." The activity in the University Department of Athletics facilities that the Participant will participate in shall hereafter be referred to as the "Activity."

**WHAT DONNA J. PAPA SOFTBALL CAMP/CLINIC ARE YOU ATTENDING?**

1. **Release, Waiver of Liability, and Assumption of Risk:** In consideration of the opportunity afforded Participant to participate in the Activity in the University Department of Athletics facilities, Participant hereby releases and forever discharges the University from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from or in connection with the Activity. Participant understands that this Release discharges the University from any liability or claim that Participant may have against the University with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from participation in the Activity. Participant understands and acknowledges that potential risks to health and personal property may be associated with participation in the Activity, and Participant voluntarily assumes those risks.
2. **Medical Treatment and Preexisting Medical Conditions:** Participant hereby releases and forever discharges the University from any liabilities, claims, costs and damages that arise or may hereafter arise on account of any first-aid, medical treatment, or service rendered to Participant in connection with the Activity. Participant will take for herself conditions, or insect, food or medication allergies.
3. **NCAA Compliance:** By signing below, Participant acknowledges that they have not knowingly participated in or become or himself any appropriate precautions or medications to treat and/or reduce the likelihood of exacerbating any pre-existing health aware of any violation(s) of NCAA rules involving the University or individuals affiliated with or acting on behalf of the University. Participant's signature below also indicates Participant's agreement to immediately disclose to the Department of Athletics Compliance Office any NCAA rules violation(s) of which Participant becomes aware.
4. **Other:** This Release shall be binding and legally enforceable against Participant and Participant's heirs, executors, administrators, and legal representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. In the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

I HAVE CAREFULLY READ THIS RELEASE.

Printed Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Guardian (If Participant is under 18) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Waiver...Donna J. Papa Softball Camp**

We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of Donna J Papa Softball Camps to seek during the period of the Camp appropriate medical attention and treatment, except for that covered by the camp's excess medical coverage policy. I (We) the undersigned, hereby acknowledge and understand that the Donna J. Papa Softball Camp is a privately run sports camp, and is not operated by or through the University of North Carolina at Chapel Hill. The camp is neither sponsored, controlled, nor supervised by the University of North Carolina at Chapel Hill but rather is under the sole sponsorship of the Camp Owner, Coach Donna J. Papa

I (We) the undersigned, for ourselves, our heirs, executors and administrator, waive, release and forever discharge the University of North Carolina at Chapel Hill and the Donna J. Papa Softball Camp and its staff, officers, agents, employees, representatives, successors, and assign from any and all liability claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in Camp activities or while at camp.

Signature of Parent or Guardian (REQUIRED & BINDING) \_\_\_\_\_

Date \_\_\_\_\_

<p><b>CURRENT HEALTH INSURANCE INFORMATION</b>  <i>(All campers are required to have their own medical coverage)</i></p> <p><b>**Required (4 lines)</b></p> <p>**Company: _____</p> <p>**Policy # _____</p> <p>**Policy Holder: _____</p> <p>**Complete address or complete phone number of insurance Company _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>FILL IN THIS BOX ONLY IF YOU DO NOT HAVE MEDICAL COVERAGE</b></p> <p>All campers must have their own medical coverage. If this is not the case, a parent needs to sign the insurance waiver included in this box.</p> <p style="text-align: center;"><b>INSURANCE WAIVER</b></p> <p>I (We) the parent(s) / guardian(s) of _____ do acknowledge that I (we) will be responsible for any medical expenses that may occur during her stay at any Donna J. Papa Softball Camp/Clinics(s).</p> <p>Parent _____ Date _____</p> <p>Signature(s) _____ Date _____</p>
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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_