

MINNESOTA CROSS COUNTRY CAMP

WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY TRAVEL, TRAINING, COMPETITION, MEETING OR TESTING SESSIONS. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ IT.

IN CONSIDERATION of my involvement in the sport and activities under the auspices of **Minnesota Cross Country Camp and Blackdog Sports Management**, I acknowledge, appreciate and agree that:

1. I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT, DISABILITY AND DEATH, AND while particular rules of my sport, equipment, and personal training and discipline may reduce this risk, THIS RISK OF INJURY DOES EXIST, AS WELL AS THE RISK OF DAMAGE TO OR LOSS OF PROPERTY;

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and,

4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS, and PROMISE NOT TO SUE THE MINNESOTA CROSS COUNTRY CAMP, THE REGENTS OF THE UNIVERSITY OF MINNESOTA, BLACKDOG SPORTS MANAGEMENT, OR ANY OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, VOLUNTEERS, STAFF, SPONSORS AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT, to the fullest extent permitted by law.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____

Participant's Name (Printed) _____ **Date** _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releasees from any and all Liability incident to my/our minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____ **Date** _____

Parent/Legal Guardian Name (Printed) _____

PARTICIPANT CONSENT

TRANSPORTATION AND MEDICAL RELEASE

I hereby give my consent for the Minnesota Cross Country Camp to provide athletic trainer services and other medical care and treatment, emergency medical services, and transportation associated with my participation in the program conducted at this camp under the auspices of the Minnesota CC Camp.

If the program in which I am participating includes psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I swear that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at the Minnesota Cross Country Camp.

X _____
Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **Minnesota Cross Country Camp** at the **University of Minnesota-Twin Cities**.

X _____
Parent/Guardian Signature

Date Signed: _____

Parent/Guardian Name (Please Print)

Relationship: _____

PARTICIPANT CONDUCT

I consent to abide by the below described rules of conduct for guests of the Minnesota CC Camp and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or University-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Visitors (non-residents) are prohibited in the dormitory areas or on the premises.
4. Quiet hours are between 10:00 pm and 8:00 am daily.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered to be offensive under federal, state or local laws, or a violation of University policies and procedures.
 - b. Gross misconduct (i.e inappropriate horseplay, theft, fighting, etc.).
 - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the Minnesota Cross Country Camp and the University of Minnesota facility.

X _____
Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE **(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **Minnesota Cross Country Camp** at the University of Minnesota.

X _____
Parent/Guardian Signature

Date Signed: _____

Parent/Guardian Name (Please Print)

Relationship: _____