

**Auggie VB Camp: 2020 Waiver and Release of Liability**

In consideration of my participation, I hereby forever release and covenant not-to-sue Augsburg University, the Augsburg University Board of Trustees, Augsburg coaches, Minneapple Volleyball, and any of their employees, instructors, coaches volunteers, and all others who are involved, from any and all present and future claims resulting from ordinary negligence on the part of the University or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in Volleyball camp activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims both present and future, resulting from ordinary negligence, that may be made by me, my family, estate, heirs, estate or assigns, and I relinquish on behalf of myself, spouse, heirs and assigns the right to recover for injury or death.

I understand that Volleyball Camp involves certain risks and activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. **I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death.**

I acknowledge that while the coaches/university will make every reasonable effort to minimize exposure to known risks, all stresses and hazards associated with this activity cannot be foreseen. I have a personal responsibility to follow safety rules and procedures established by (my leaders, coaches, etc.) and will make them aware of any point in which I question my ability to participate in any activity. I further agree to indemnify and hold harmless Augsburg University and others listed for any and all claims arising as a result of my participation in volleyball camp activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Minnesota, and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of Minnesota.

**As the parent/legal guardian of the participating volleyball player(s), I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Augsburg University or any of the parties listed above. I understand that this agreement is a binding legal document. I also certify that the participating volleyball player(s) is healthy and there is no reason why he/she should not be able to fully participate in camp activities. By filling out this form, I am also stating that the participating camper(s) has medical insurance and may be treated by a licensed physician or member of the school's training staff in the event of any injury, accident, or illness during the camp.**

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING:**

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Name of Volleyball Player(s)

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(Address, Telephone Number & Email Address)

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(Insurance Company, Policy Holder, and Policy/Group Number)

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(Signature of Parent/ Guardian if Participant is a minor)

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Date signed