

DePaul University Volleyball Camps

ASSUMPTION OF RISK, WAIVER, AND RELEASE

I, _____, desire to participate in the _____ (the "Event") scheduled to take place from _____, 20__, to _____, 20__, scheduled to take place on the campus of DePaul University.

I am participating at my own free will and I understand and appreciate that there are certain risks associated with my participation in the Event, including, but not limited to, damage to personal property, personal injury and/or death. I hereby agree to assume all risks and responsibilities associated with participating in the Event.

FURTHERMORE, I DO FOR MYSELF, MY HEIRS, ASSIGNS AND PERSONAL REPRESENTATIVE(S) HEREBY DEFEND, HOLD HARMLESS, INDEMNIFY, RELEASE AND FOREVER DISCHARGE DEPAUL UNIVERSITY AND ALL ITS AFFILIATES, TRUSTEES, DIRECTORS, MEMBERS, FACULTY, OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ANY ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, ON ACCOUNT OF DAMAGE TO PERSONAL PROPERTY OR PERSONAL INJURY TO MYSELF OR MY DEATH OR DISMEMBERMENT, WHICH MAY RESULT IN CONNECTION WITH PARTICIPATION IN THE EVENT.

To the best of my knowledge, I have no physical condition that would render my participation in the Event and/or activities inadvisable or that would endanger my health. I understand that DePaul has no duty to provide any extraordinary safety measures in relation to this Event and that I must use reason and judgment in my undertakings hereunder. I agree to abide by directives precautions, and wear the appropriate safety devices given by Event instructors, operators, and/or staff at all times during my participation in the Event.

Participant Signature: _____

Witness Signature: _____

Printed Name: _____

Date: _____

Parent/Guardian Signature: _____ (if Participant is under age 18)

Note: Please fill out and return ASAP. There will be \$50 administration fee for any cancellations.

Return Address: DePaul Volleyball
2323 N Sheffield Avenue
Chicago, IL 60614