

Release, Indemnification, and Hold Harmless Agreement

In consideration for the Attendee being permitted to participate in the **Fairleigh Dickinson University Softball Camp** on **Saturday, January 21, 2024**, I do waive and release forever any and all rights for claims and damages I may have against Fairleigh Dickinson University, its trustees, officers, agents, and employees, from and against any and all liability for any harm, injury damage, claims demands, actions, costs, and expenses of any nature which Attendee, whether caused by negligence or carelessness on the part of the Fairleigh Dickinson University, its officers, agents, and employees, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by equipment used in the clinic. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by Fairleigh Dickinson University and that **Fairleigh Dickinson University Softball Camp** is providing this instruction or clinic outside the scope of his/her employment with Fairleigh Dickinson University. I agree to release, hold harmless, and indemnify Fairleigh Dickinson University, its trustees, officers, agents, and employees from any and all claims and liability arising out of the Activity.

I acknowledge that the foregoing release may include any Clinic employee(s) that may also be employees of the University, but the release is not intended to waive any rights I may have against the Clinic, or any Clinic employee in their role as Clinic employee.

Signature of Attendee

Printed Name of Attendee

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Address

City, State, Zip Code

Telephone

****Please email all forms to rafter@fdu.edu or bring a physical copy with you to camp.****

MEDICAL INFORMATION

IN CASE OF AN EMERGENCY

Father's Name _____ Home Phone () _____
Cell Phone () _____ Work Phone () _____
Mother's Name _____ Home Phone () _____
Cell Phone () _____ Work Phone () _____
Family Physician Name _____ Phone Number () _____
Medical Insurance Co. _____ Policy Number _____
Allergic to Penicillin Aspirin Other _____
Are you insured by any other health benefit plan such as an HMO, ETC. (Specify Plan) _____

Please attach and explain any serious medical conditions and list the names of any medications the camper is presently taking and for what medical conditions.

PARENTAL CONSENT FORM

I hereby give permission for my daughter _____ to participate in FDU Devils Softball Camp as she has been examined within the last 12 months and no medical reason has been found that she cannot participate in this camp. Records show that all immunizations are up to date.

I agree that in the case of an accident involving my child while attending the clinic, and with full awareness that softball is an activity that may involve risk or injury, I release Fairleigh Dickinson University Florham from any and all liability. The Fairleigh Dickinson University Florham Prospect Day staff will safeguard the health of my child but will not be responsible for accidents, injuries or sickness on the way to the clinic, during the clinic or on the way home from the clinic. Fairleigh Dickinson University Personnel have also been informed of any physical limitations, medications or prior conditions. I hereby request that my child be granted admittance into the FDU Devils Softball Camp and authorize the directors to act on my behalf in the event of an emergency requiring medical attention. I will assume responsibility for payment for any such attention and have provided current insurance information as requested.

By signing below, I agree to all the terms detailed above.

Parent/Guardian Signature

Date

FAIRLEIGH DICKINSON UNIVERSITY

Devils Softball Camp

Prospect Photograph Release Form

By signing this photograph release form, I hereby authorize the Fairleigh Dickinson University Softball Program, when taking my photograph, to use the photograph or photographs for camp-related purposes including but not limited to the following uses:

The Fairleigh Dickinson University Florham student newspaper, the Fairleigh Dickinson University Florham alumni magazine, Fairleigh Dickinson University Softball camp brochures or pamphlets, local or national newspapers and/or magazines for publicity related articles, University owned websites and Social Media Sites, and uses deemed applicable by the following offices: the Fairleigh Dickinson University Florham Athletic Department, the Fairleigh Dickinson University Florham Softball program.

In addition, I understand that once the photograph(s) are taken and developed, they become the property of Fairleigh Dickinson University Softball.

Name of Camper (Please print)

Date

(Signature of Parent)