

2019 Penn Squash Camp LLC

Waiver and Release: I hereby give my permission for my son/daughter to participate in the Penn Squash Camp/Clinic and any and all of its activities. I request that you accept the application of (above camper) in the 2019 Penn Squash Camp/Clinic during the date set forth in this application, and in consideration of your acceptance of this application, I hereby expressly agree to:

1. Release, waive, discharge and agree not to sue Penn Squash Camp and the Trustees of the University of Pennsylvania and all its successors, assigns, affiliates, officers, directors, employees and agents from all manner of actions and causes of actions, suits, debts, accounts, judgment's, claims and demands whatsoever in law or equity, and attorney's fees, including all claims arising out of any incidents involving personal injury in any way by reason of participation in the camp/clinic.
2. Assume any and all risks arising from her participation in the voluntary activity named above, including without limitation, the risks of bodily injury or property damage, the unavailability of emergency medical care or the negligent or the deliberate act of another person.
3. Indemnify, defend and hold Penn Squash Camps and the Trustees of the University of Pennsylvania, its directors, officers, employees and agents harmless from any and all claims, causes of action, damages, judgment's, costs or expenses that arise out of or relate to the negligent or intentional act or omission of the undersigned.

Authorization for Medical Treatment and Release: In case of emergency or if any medical attention is required by my child, I hereby give my permission to the Penn Squash Camp staff and/or the University of Pennsylvania to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release the Penn Squash Camp and the University of Pennsylvania, and all their trustees, officers, employees, and agents, from any and all claims relating to the exercise of such judgment. [L T L]
[S E P S E P]

Additional Acknowledgements:

I certify that this registration fee has not been provided by a representative of University of Pennsylvania athletics interest (booster). [L T L]
[S E P S E P]

I further acknowledge that the above named individual is covered by health insurance.

I understand that photographs, video recordings or audio recordings may be taken of me during my participation in this Summer Program by employees, students, or agents of the Trustees of the University of Pennsylvania and shall be used in connection with the University of Pennsylvania's dissemination of information by its academic and public service programs to the general public. I authorize the University of Pennsylvania to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, for purposes of publicizing University of Pennsylvania programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written copy, wherein my likeness appears.

Name of Legal Guardian

Signature

Date
