

ACKNOWLEDGEMENT, WAIVER AND RELEASE AGREEMENT, AND INDEMNIFICATION AGREEMENT

The undersigned, parent/guardian of a minor child who intends to attend the **Joe Tartamella Basketball Camp** at Taffner Field House located at St. John's University, Queens, New York (the "University"), hereby acknowledges that the **Joe Tartamella Basketball Camp** is not sponsored by the University and is being provided solely by Joe Tartamella on the University's premises. I hereby acknowledge and accept that there are certain risks arising from or in connection with the **Joe Tartamella Basketball Camp**. Including but not limited to bodily injury. I am fully aware of the risks and hazards connected with the activity, and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by my child as a result of participating in the **Joe Tartamella Basketball Camp**, whether caused by the negligence of the University or otherwise.

I hereby represent and warrant that my child is in good health and that they have no health conditions, illness or communicable disease that may make the use of Taffner Field House injurious to them or any other user of the basketball facility previously mentioned. If my child should develop any such condition, illness or disease during the term of the **Joe Tartamella Basketball Camp**, I promise to have my child cease attendance at the **Joe Tartamella Basketball Camp** until we have received an appropriate medical release from the doctor authorizing them to continue.

I hereby release and forever discharge the University and its trustees, officers, servers, agents and employees from any and all liability for any losses or injuries which may be sustained or suffered by my child arising out of, during or in connection with the **Joe Tartamella Basketball Camp**.

I hereby hold harmless the University and its trustees, officers, servants, agents and employees from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, judgements, costs or expenses, including attorney's fees, which may result from, arise out of, or relate to the **Joe Tartamella Basketball Camp**.

I further represent and warrant that my child's participation in the **Joe Tartamella Basketball Camp** is covered by a policy of comprehensive health and accident insurance that provides coverage for injuries that my child may sustain as part of their participation in the **Joe Tartamella Basketball Camp**.

Date

Signature of Participant

I, _____

- (A) am the parent or legal guardian of the above participant
- (B) have read the forgoing Acknowledgement, Waiver and Release Agreement (including such parts as may subject me to personal financial responsibility)
- (C) am and will be legally responsible for the obligations and acts of the participant as described in this Acknowledgement, Release Agreement and
- (D) agree, for myself and for the participant, to be bound by its terms.

Signature of Parent/Guardian

Date

PARENTAL CONSENT:

Camper's Name: _____

I _____, am the (circle one) Parent Guardian
of the above mentioned child and give my permission to attend and participate in all
activities at the **Joe Tartamella Basketball Camp** at St. John's University.

Signature

Date

PARENT OR GUARDIAN MUST SIGN:

As parent or legal guardian of the participant below, I authorize the **Joe Tartamella Basketball Camp** to request medical treatment as necessary to ensure the well-being of the participant. We, the undersigned, for ourselves, or heirs, executors, and administrators, waiver and release forever discharge the **Joe Tartamella Basketball Camp**, their staff, officers, agents, representatives, employees, successors and assigns of and from any and all rights claim for damages to persons or personal property which may be sustained or occur during participation in activities, to or from the program whether paid damages, injury or loss are due to negligence or not.

Campers Name (Print) _____

Parent/Guardian Signature _____

Date _____