

# ACKNOWLEDGMENT, WAIVER AND RELEASE AGREEMENT, AND INDEMNIFICATION AGREEMENT

The undersigned, parent/guardian of a minor child who intends to attend the **Joe Tartamella Basketball Girls Camp** at Taffner Field House located at St. John's University, Queens, New York (the "University"), hereby acknowledges that the **Joe Tartamella Girls 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 Girls 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 daughter as a result of my taking the **Joe Tartamella Girls 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 she has no health condition, illness or communicable disease that may make her use of Taffner Field House injurious to her or any other user of the basketball facility previously mentioned. If my child should develop any such condition, illness disease during the term of the **Joe Tartamella Girls Basketball Camp**, I promise to have my child cease attendance at the **Joe Tartamella Girls Basketball Camp** until we have received an appropriate medical release from her doctor authorizing her to continue.

I hereby release and forever discharge the University and its trustees, officers, servants, agents and employees from any and all liability far any damages, losses or injuries which may be sustained or suffered by my child arising out of, during or in connection with the **Joe Tartamella Girls 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, judgments, costs, or expenses, including attorney's fees, which may result from, arise out of, or relate to the **Joe Tartamella Girls Basketball Camp**.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

I, \_\_\_\_\_

- (A) am the parent or legal guardian of the above participant,
- (B) have read the forgoing Acknowledgment, 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 Acknowledgment, Waiver and 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 Girls Basketball Camp** at St. John's University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN MUST SIGN:**

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

**Camper's Name (Print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_