

College of William and Mary, Williamsburg
DEPARTMENT OF INTERCOLLEGIATE ATHLETICS
Activity Informed Consent and Release

In consideration of being permitted to participate in the College of William and Mary Department of Intercollegiate Athletics' Pregame All-Sports Instructional Clinic at the William & Mary Recreation Center (hereinafter the "Activity"), I voluntarily agree to indemnify, release and hold harmless the State of Virginia, the College and its officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, causes of action on account of any loss or personal injury to me that might result from my participation in the Activity, whether arising through my own negligence, omission, default, or that of the College.

As with any activity, there are certain inherent and unforeseen risks and losses that cannot be prevented. Should I require emergency medical treatment as a result of illness, injury or accident during the Activity, I authorize such aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital of which I agree to be solely responsible for any associated cost. I will notify the College in writing if I have any medical conditions (e.g., allergies, asthma, epilepsy, bee-string reactions, etc.) that may limit the extent of my physical abilities/participation and about which emergency personnel should be informed.

Further, I understand that with this Informed Consent & Release, I am expressly granting the College permission to use and release my likeness in either photographic or video graphic format for future University use. Finally, I understand that I am free to withdraw my consent in writing for future use at any time without penalty. The College will not be required to notify me prior to using or releasing my likeness.

I have read and signed this document with full knowledge of its significance. I further state that I am either 18 years of age or older and competent to sign this Informed Consent and Release, or that I have discussed this with my parents/legal guardian, who by their signature below agree with my decision to participate in the Activity and to all of the terms and conditions stated above.

Name of Participant (print)

Signature of Parent/Guardian

Date

Name and Relationship of Person to Contact in Emergency

Daytime Phone Number/Evening Phone Number for Person to Contact in Emergency