Release
In consideration for my child/dependent (herein, the “Participant”) being permitted to attend and participate in the Athletic Training Student Aide Camp (the “Camp”), I, the undersigned parent or legal guardian of the Participant, knowingly and voluntarily release, forgive, exculpate and discharge Samford University, an Alabama nonprofit corporation (“Samford”), and its contractors, trustees, officers, employees, students, affiliates and agents, including, without limitation, Camp speakers, guests and lab assistants (collectively, the “Releasees”) from any and all claims or liabilities arising from or arguably related to the Athletic Training Student Aide Camp (“Camp”). This release is intended to discharge and forgive in advance each and all of the Releasees and waive all claims, causes of action and liabilities that the Participant or anyone acting by or on behalf of the Participant may now or hereafter have arising from or related to participation in the Camp. This Release covers all activities associated with the Camp, whether on property owned by Samford or at any other location.

Assumption of Risk
I understand that the participation of the Participant in the Camp is wholly voluntary, and that such participation involves risks, including risks that are not reasonably foreseeable as of the date of this release. These risks include, without limitation, risks associated with the use or condition of the premises of the Camp, including, without limitation, premises that are owned by persons or entities other than Samford; risks such as falls, cuts, scrapes, and infections; risks arising from or attributable to the areas where Camp activities are to take place; risks from other Camp workers and participants, such as transmitted illnesses or risks of injuries attributable to the actions of other persons; risks from weather and other Acts of God; risks from dining, including, without limitation, sensitivities to certain foods; allergies to various substances; and other risks beyond the reasonable control of the Releasees.

I have conducted, or had the opportunity to conduct, my own investigation of the Camp, including its facilities, activities, management and personnel, and am willing to accept and assume all of the risks described herein. I further understand, acknowledge and agree that involvement and participation in the activities of the Camp may cause the Participant to experience injuries (physical and otherwise), severe health problems, or even death, and I voluntarily assume and accept any and all such risks for the Participant and myself personally.

Health Care and Emergencies
I understand and acknowledge that Releasees do not accept or otherwise assume responsibility or liability for providing health care services or health care insurance for the Participant in regard to Camp, and that liabilities related to health care remain those of the undersigned. I agree that if the Participant has any medical or mental condition that could impact the welfare or safety of the Participant or others, such information can be timely disclosed by me to the Camp management to further ensure the safety and well-being of the Participant and all others. In the case of a medical emergency, I hereby authorize the Releasees to give written consent for medical treatment on behalf of the Participant, including all ordinary and extraordinary medical measures.
Storing/Administering Non/Prescription Medications at Summer Programs:
I understand and acknowledge by my signature below that Samford University is not responsible for the storage or administration of any prescription or non-prescription medication for my child. My son or daughter is capable of taking his or her own medication(s) throughout his or her stay at Samford University, or that one of my child's parents or his or her legal guardian will be personally present and available to administer the medication to my child throughout the program. I know that Samford University staff will not store or administer medications, prescription or non-prescription, for my child during the program. If I decide that my child can take his or her own medication during the program, I will exercise best efforts to remind my child to take his or her medication.

Indemnification
I hereby agree to, and do hereby release, hold harmless, and indemnify the Releasees from and against any and claims, liabilities and liabilities related to the Camp, including medical care decisions.

Authorization for Name/Photo
I hereby grant and assign to Samford and its agents and representatives, permission to use as they deem necessary, - Participant’s name and photograph to promote and advertise the Camp for a period of two years after the date of this release.

Governing Law
This release shall be governed by and construed in accordance with the laws of the State of Alabama, notwithstanding its doctrine concerning conflict of laws

Acknowledgement
I have read and rely wholly upon my own judgment, belief, and knowledge in agreeing to the terms and conditions of this Release; warrants that I have legal responsibility, custody, and authority to speak for the Participant, who is a minor, and I hereby sign this release for the purpose of signs to bind himself/herself, student, and their respective heirs, assigns, and next of kin.

_________________________________________  __________________________
Signature of parent or guardian                Date

Modified 1/29/2016