Dixie State College
Summer Sport Camps and Conferences
Assumption of Risk/Indemnification Agreement

This agreement must be completed in order for your child to participate in activities associated with a Summer Sport Camp or Summer Conference at Dixie State College.

Participant (print full name): ________________________________________________

I, the undersigned, have chosen to allow my child to participate in the ________________________ camp/conference at Dixie State College to be held from ____________, to ____________, 20____.

WAIVER, RELEASE AND INDEMNIFICATION

I understand that such participation may include hazardous situations which may expose my child to illness, injury, or death. I allow my child to participate in this activity with the knowledge of the danger involved and hereby agree to assume and accept any and all risk of injury or death. Dixie State College will be legally responsible only for injury, death or other loss which results from the negligence of its officers, employees and agents in the operation of their activities. Otherwise, the College assumes no liability for personal injury to my child or any third parties or to any property damage associated with the activity, including any loss, damage, injury or death.

I hereby release, waive, covenant not to sue, indemnify and hold harmless Dixie State College, and the State of Utah, and all of their officers, employees and agents (collectively the “Releasees”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death that may be sustained by my child arising out of, or related to, my child’s participation. I agree that this Release, Waiver, Covenant not to sue and Hold Harmless Agreement (“agreement”) shall bind my spouse and other members of my family, if I am alive, and my heirs, assigns and personal representatives, if I am deceased.

____________________________  ______________________________  _________________
Signature of Parent/Guardian  Print Your Name  Date

Understanding of Risk
I understand the risks involved in participating in this program as well as my personal responsibility for adhering to rules and regulations during my participation.

____________________________  ______________________________  _________________
Signature of Participant  Print Your Name  Date

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