

**CONSENT TO FULLY RELEASE NORTH PARK UNIVERSITY AND ITS  
REPRESENTATIVES FROM FUTURE NEGLIGENCE**

In consideration of participation in the North Park University Softball Camp (further referenced as “the event”) including any travel related thereto, either to or from the event or during the event or to any location being used by the event (including the Holmgren Athletic Complex, North Park Gymnasium, Helwig Recreation Center, River Park Track, River Park Playing Field, and WMS Boathouse), I, \_\_\_\_\_, agree to as follows:

1. **RISK FACTORS.** I understand and acknowledge that participation in the event involves risk including, but not limited to, the following: risk of property damage and bodily injury, including, but not limited to, permanent disability, paralysis and possibly death. These risks may result from participation in the event, from the acts of myself and/or others, or from the unavailability of emergency medical care for any reason.

2. **ASSUMPTION OF THE RISK.** I expressly and voluntarily consent and agree to assume full responsibility for any and all damages or injury that may arise out of or result from participation in the event, except for any injuries caused by the gross negligence or willful or wanton misconduct of any officials, officers, employees, agents, coaches or volunteers of North Park University.

3. **RELEASE.** I hereby release, waive and forever discharge North Park University, its affiliates, their directors or trustees, officers, employees, personnel, volunteers, and any of their staff members, coaches, instructors, agents or representatives (“Releasees”), from all liability to me of and from any and all present and future claims, demands, damages, actions, or rights of action, whether legal or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, loss or theft of personal property or property damage that may occur as a result of my participation in the event.

4. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** I acknowledge my reading and knowing all policies and procedures relating to the event and understand that the legal, safe and proper participation in the event is dependent upon carefully following such policies and procedures. I agree to comply with and abide by all rules and regulations of North Park University and the event. The staff reserves the right to temporarily or permanently revoke or terminate my participation privileges for any violations of the rules, regulations, policies and/or procedures of the NCAA, University, and event.

5. **PREREQUISITE SKILLS AND TRAINING.** I acknowledge that the participant has the requisite skills, qualifications, physical ability and training necessary to properly and safely use the equipment, facilities, and to participated in the event. I agree that if I have any questions as to what skills, qualifications, physical ability and training are necessary to properly use the equipment, facilities, and to participate in the event I will direct such questions to the appropriate staff member on site.

5. **INDEMNIFY AND DEFEND.** I agree to indemnify and hold harmless the Releasees from and against all claims, demands, lawsuits, causes of action, liabilities, losses, costs (including reasonable attorneys’ fees and court costs) or damages for any property damage, property loss or theft, personal injury, death or other loss arising from or relating to my participation in the event.

6. **CONSENT AND RELEASE FOR EMERGENCY TREATMENT.** I, as the legal guardian of the participant in the event, hereby consent them to medical treatment in a medical emergency where I/participant am/is unable to consent to such treatment. **I further release the Releasees from any**

**claim whatsoever on account of first-aid treatment, emergency medical services or other services rendered during my participation in the event.**

7. **JURISDICTION.** This General Release, Assumption of Risk and Waiver from Liability (“Release”) shall be governed in all respects by the laws of the State of Illinois. The parties agree to use the State of Illinois for jurisdiction and the County of Cook in the State of Illinois as venue for any disputes between the parties.

8. **SCOPE OF RELEASE AND SEVERABILITY.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the law of the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

9. **ACKNOWLEDGEMENT.** I have read and fully understand this Release. I realize it relates to surrendering and releasing valuable legal rights and remedies. By signing this Release, I hereby freely and voluntarily release those legal rights and remedies.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Name of Participant’s Legal Guardian

\_\_\_\_\_  
Signature of Participant’s Legal Guardian

**PARTICIPANT INFORMATION:**

\_\_\_\_\_  
**HOME PHONE**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**CELL PHONE**

\_\_\_\_\_  
**CITY            STATE    ZIP**

**SECONDARY EMERGENCY CONTACT INFORMATION:**

\_\_\_\_\_  
**NAME (PLEASE PRINT)**

\_\_\_\_\_  
**PLEASE LIST ANY MEDICAL  
CONDITIONS WE SHOULD BE  
AWARE OF**

\_\_\_\_\_  
**RELATIONSHIP TO PARTICIPANT**

\_\_\_\_\_  
**PHONE**