

CONSENT TO PARTICIPATE

WESTERN MICHIGAN UNIVERSITY
SPORTS EDUCATION CAMP FOR STUDENTS WITH VISUAL IMPAIRMENTS
Agreement, Assumption of Risk, Release, Waiver and Consent

PLEASE READ THIS CAREFULLY

The UNDERSIGNED does hereby acknowledge that my child's participation in the Sports Education Camp for Youths with Visual Impairments (hereafter "Camp"), to be held at Western Michigan University in Kalamazoo, Michigan could expose my child to above-normal risks. I understand that the Camp involves participation in sports, such as goalball, track and field, swimming, wrestling, bicycling, judo, and weightlifting, which may result in significant physical exertion, and that my child may be subjected to physical injuries, some of which may be severe. I also certify that my child is physically able to participate in these sports.

In consideration of being permitted to attend, participate and obtain an education from the Camp, I/my child agree to: (1) assume all risks of accident and/or injury inherent in my child's travel, activity, participation, and connected activities and other consequences or events which arise in conjunction with the Camp (2) that I/my child knowingly and intentionally waive(s) any and all claims, of whatsoever kind or nature, against Western Michigan University and Michigan Blind Athletic Association, United States Association of Blind Athletes (USABA), their Boards, presidents, officers, employees, agents and representatives (collectively Camp Sponsors) and release and shall indemnify Camp Sponsors from any and all claims which may arise out of my child's participation in the Camp and related activities and (3) that I assume sole responsibility for my child's safety and conduct and that the Camp Sponsors will not be liable if my child suffers personal injury, death and/or other damages or losses. I also consent that registration information, sound recording, still photography, film or video images of my child taken under the direction of Western Michigan University, Michigan Blind Athletic Association, United States Association of Blind Athletes, or any private or public reproduction of the same, may be used by the above mentioned sponsors or their assignees, in whole or in part, for the purpose of education, information, illustration, or screening in any lawful non-profit manner.

Child's Name: _____ **Date:** _____

Name of Parent/Legal Guardian (Print): _____

Signature of Parent/Legal Guardian: _____