

Attachment 1

Release, Indemnification, and Hold Harmless Agreement

Seth Roland Soccer Camp LLC July 12-16,2021

In consideration for the Attendee being permitted to participate in the Camp program ("Activity"), I do waive and release forever any and all rights for claims, liabilities, demands, lawsuits, actions, and damages I may have against Fairleigh Dickinson University, its trustees, officers, agents, and employees (collectively, "FDU"), arising from, related to, or in connection to the Activity, including, without limitation, any harm, property losses or damages, injuries (including death), costs, and expenses of any nature whatsoever, whether or not caused by FDU's negligence. This waiver and release includes all aspects of my participation in the Activity, including while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by equipment used in the camp. I also understand and agree that it is the responsibility of the Camp, and not FDU, to provide any further information regarding the risks of participating in the Activity. Attendee is required to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by Fairleigh Dickinson University and that no individual providing any instruction or other services for the Activity is acting within the scope of employment with Fairleigh Dickinson University. Any individuals providing instruction or services for the Activity is not being supervised by, or under the control of, FDU.

Signature of Attendee

Printed Name of Attendee

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Address

City, State, Zip Code

Telephone

ACTIVITY RELEASE FORM

Read Carefully Before Signing

ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM

Participant Name: _____ Male Female Age _____

Parent / Guardian Name(s): _____ Parent / Guardian Phone Number(s): _____

Address (including city, state and zip code): _____

RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold **Seth Roland Soccer Camp, LLC**, individually or otherwise, harmless for any and all liability, claims, suits, damages, communicable diseases, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that **Seth Roland Soccer Camp, LLC** does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

Whereas I recognize the inherent risk of accident or injury while attending and participating in activities at the **Seth Roland Soccer Camp**, I also accept that there is the inherent risk of contracting an infectious disease, communicable disease, specifically COVID.

In consideration of my participation in and the use of the **Seth Roland Soccer Camp, LLC** premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by **Seth Roland Soccer Camp, LLC**.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent or Guardian Signature: _____ Date: _____

Adult Participant Signature: _____ Date: _____

Printed Name of Participant: _____ Date: _____