

2021 Softball Camp

Ages: 6 & up

Dates: June 7th – 10th

Time: 9:00 AM – 11:30 AM

Instructor: Coach Kim Carithers

Cost: \$50

Location: BCPRD – Windmill Park

Camper's Name: _____

Parent/Guardian Name: _____

Email Address: _____

Emergency Phone: _____

Does your child have any medical conditions?

T-shirt size: YS YM YL AS AM AL AXL

As a parent, participant, or organization in the Banks County Parks & Recreation Department program, (this "program"). I recognize and acknowledge that there are certain risks of injury, disability, illness and death and I waive and relinquish all claims and damages I, my children/child, or organization may have as a result of participating in this program against the Banks County Recreation Department and Banks County Georgia, and its officials, commissioners, officers, agents, employees, and volunteers collectively ("RELEASEES"). I further agree to indemnify, hold harmless and defend the RELEASEES and covenant not to sue RELEASEES from and against any and all claims, suites of actions, damages, including attorney's fees, sustained or caused by or to myself, my children/child, or organization arising out of, in connection with, or in any way associated with the activities of this program. I understand that my participation and my children's/chid's participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19 (collectively "diseases"). While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and the participation of my children/child; and, I give my child/children permission to participate in this program, and on the children's/child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against RELEASEES for damages for injuries, illness, diseases and even death which may arise from any participation in this program. I further agree to indemnify, hold harmless and defend the RELEASEES from and against any and all damages for injuries, illness or diseases or death which may arise from any participation in this program. I understand that concussions and head injuries and diseases are risks associated with any sporting event. I agree that I will abide with a Department official's decision to remove my children/child from a sporting event if the official suspects my children/child has sustained a head injury or concussion or has a disease or illness. I also agree to abide by the policy's mandate to provide a note from a qualified health professional before my children/child may resume participation in Department sporting events. I hereby consent to and authorize the RELEASEES , its publishers, licensees and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, for editorial, trade or advertising purposes. I also confirm that I waive all claims arising from such use from any compensation, damages, and invasion of privacy. This Release and Assumption of Risk is binding upon me and my children/child, heirs, assigns, personal representatives and next of kin.

I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING OUT OF OR IN CONNECTION WITH THIS RELEASE AND ASSUMPTION OF RISK AGREEMENT.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: _____ **Date:** _____