



## Wesleyan College Waiver Form

**THIS FORM *MUST ACCOMPANY ATHLETE* AT REGISTRATION**

Wesleyan College Information/Waiver (“Waiver”)

Camp Sport \_\_\_\_\_

Athlete Name: _____	Birth Date: _____
Address: _____	Gender: _____
City/State/Zip: _____	Age: _____
Home Phone: _____	Facilities and/activities:
Cell Phone: _____	<input type="checkbox"/> Basketball
Email: _____	<input type="checkbox"/> Cheerleading
	<input type="checkbox"/> Softball
	<input type="checkbox"/> Tennis
	<input type="checkbox"/> Volleyball
	<input type="checkbox"/> Beach Volleyball
	<input type="checkbox"/> Soccer
	<input type="checkbox"/> Softball
	<input type="checkbox"/> Other: _____
<b>Medical Information:</b>	
Emergency Contact: _____	Phone: _____
Relationship to Athlete: _____	Insurance Policy No.: _____
Insurance Carrier: _____	Insurance Group No.: _____

1. \_\_\_\_\_ (the “Athlete”) is a participant in the above-referenced camp. The undersigned is the Athlete who is eighteen (18) years of age or older or a parent/guardian of the above named Athlete. I know that participation in sports may result in serious injury or death, and protective equipment does not prevent all injuries. I hereby waive, release, absolve and agree to hold harmless Wesleyan College, its governing body, administrators, employees, coaches, students and staff as well as the organizers, supervisors, volunteers, sponsors, participants and persons transporting me/the Athlete to and from activities (collectively, the “Releasees”), from any claim arising out of any injury to me/the Athlete, whether the result of negligence or for any other cause.

2. I hereby give my approval for me/the Athlete to participate in activities utilizing Wesleyan College facilities including its athletic facilities and any other facility used while participating in a Wesleyan College camp/sport.

USER Initials \_\_\_\_\_



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3. I have read the foregoing and voluntarily accept and assume all risk of injury, loss of life or damage to property arising from (i) my/the Athlete’s participating in activities utilizing Wesleyan College facilities including its athletic facilities and (ii) my/the Athlete’s infection or contraction of COVID-19 or other illness. I hereby waive, release, discharge, covenant not to sue and hold harmless the Releasees from any and all liability related to my/the Athlete’s participating in activities utilizing Wesleyan College facilities including its athletic facilities, COVID-19, and from any claim arising out of any injury to me/the Athlete, whether the result of negligence or for any other cause.

4. I agree to indemnify, defend and hold harmless the Releasees from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys’ fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise) arising from or out of, or relating to, directly or indirectly, the infection or contraction of COVID-19 or any other illness or injury as a result of utilizing Wesleyan College facilities including its athletic facilities. It is my express intent that this Waiver shall bind any assigns and representatives and shall be deemed as a release, waiver, discharge, covenant not to sue and hold harmless the above named Releasees. This Waiver shall be construed, interpreted and controlled according to the laws of the State of Georgia. I hereby knowingly and voluntarily waive any right to a jury trial of any dispute arising in connection with this Waiver.

5. Accident/medical insurance coverage is **not** provided by Wesleyan College. If injured while at Wesleyan College facilities, or a Wesleyan sponsored event off site, I understand that I am responsible for medical expenses and/or insurance coverage.

6. Property damages and general liability insurance is **not** provided by Wesleyan College. I understand that Wesleyan College is **not** responsible for property damage resulting from the use of Wesleyan College facilities including athletic facilities or at a Wesleyan sponsored off site event.

7. I FURTHER ACKNOWLEDGE THAT THIS WAIVER IS A MATERIAL INDUCEMENT FOR THE PERMISSION GRANTED BY RELEASEES TO BE ON THE PREMISES AND PARTICIPATE IN THE ACTIVITIES. IN SIGNING THIS WAIVER, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING WAIVER, UNDERSTAND ITS TERMS AND SIGN IT VOLUNTARILY; NO ORAL PROMISES OR REPRESENTATIONS HAVE BEEN MADE OTHER THAN WHAT IS INCLUDED IN THIS WAIVER; I AM FULLY COMPETENT, AND I EXECUTE THIS WAIVER FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

\_\_\_\_\_  
Signature of Athlete (if 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

USER Initials \_\_\_\_\_



## *Wesleyan College Waiver Form*

### **Wesleyan College Student Video and Photo Release Form**

By signing below, I, the undersigned, hereby grant Wesleyan College permission to include me in photographs, video recordings, and other media captured on and around campus, as well as at Wesleyan College sanctioned events. I understand that these images and videos may be used for promotional, marketing, or educational purposes, both online and in print. I acknowledge that participation in these photos and videos is voluntary, and I understand that Wesleyan College may use the content in a variety of media outlets, including but not limited to websites, social media platforms, brochures, and other promotional materials.

**Opt-Out Option:** If you do not wish to be included in any photos or videos, please check the box below.

**I do not wish to be included in any photographs or videos taken by Wesleyan College.**

#### **Acknowledgment:**

I understand that this form is mandatory checking the opt-out box will not affect my enrollment or participation in campus events, but may limit my inclusion in promotional materials. I also understand I can revoke this release at any time by notifying Wesleyan College's Sports Program Director.

\_\_\_\_\_  
Signature of Athlete (if 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

USER Initials \_\_\_\_\_