



Waiver of Liability and Release Form

(Includes Greer Natatorium, Porter Gymnasium, Tennis Courts, Younts Soccer Stadium, Sutton Softball Field)

Participant's Name: _____ **Camp:** _____

Assumption of Risk

I am fully aware of the potential of physical risks while participating in Columbia College Sports Camps. I understand that I could sustain both minor and severe injuries (including but not limited to, cuts, abrasions, bruises, sprain/strains, choking, facial injuries, general fatigue, head, neck or back; partial or permanent physical disability or death/drowning) and hereby assume all risks of associated with participation in physical activity/sports camps at Columbia College.

In acknowledgment of the risks, I do hereby waive, release, and forever discharge Columbia College, its members of the Board of Trustees, employees, its officers, agents, faculty members, students, and partners of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from known or unknown, foreseen and unforeseen bodily and personal injuries, or damage to property, that are in any way connected with my participation in this activity or use of the Columbia College athletic facilities.

Consent to Treat

I hereby consent to receive medical treatment from certified personnel employed by Columbia College (i.e. certified athletic trainer, certified lifeguards, employees with first aid certification, police officers) which may be deemed advisable in the event of injury, accident, or illness during participation (swimming in the Greer Natatorium or participating in physical activity in the Porter Gymnasium, Tennis Courts, and Younts Soccer Stadium). If I require specialized or emergency care, I will be referred to the appropriate medical facility or professional. I further understand that a person listed as my emergency contact will be notified if considered necessary. In an emergency, I acknowledge that I am solely responsible for all medical costs and other costs arising from injury during participation.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the enumerated parties on the basis of any claim from which I have released them herein. I acknowledge that I have had a sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Photography Permission

By signing below you are granting Columbia College permission to use this participant's likeness in either photographic or video promotional materials relating to Columbia College athletic camps or training (i.e. camp promotion/ team photos) on the Columbia College website or social media platforms. This permission waives any right to royalties or other compensation related to use of the image or recording.

Participant's Signature

Date

Parent's Signature (if under age of 18)

Date

Insurance Carrier: _____

Policy Number: _____

Emergency Contact: _____

Phone Number: _____
(Include area code)

Relation: _____

Circle:
Home
Work
Cell