

Kramer Worldwide, LLC – Jill Kramer Volleyball Camps

MEDICAL RELEASE & WAIVER OF LIABILITY AGREEMENT

Please read the following agreement carefully before acknowledging.

I, _____ (participant), acknowledge that I have voluntarily applied to participate in the Jill Kramer Volleyball Camps.

1. I understand that there is a risk in participating in any sport, including Jill Kramer Volleyball Camps run by Kramer Worldwide, a risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the camp coaches as soon as the problem begins.

2. By signing below, I certify the following:

- That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in volleyball camp.
- That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her participation in volleyball camp.
- That my child has no history of fainting or other problems related to strenuous exercise.
- That my child is in good health and there is no reason he/she cannot safely participate in strenuous physical activity.

Per my acknowledgment of this waiver, I hereby give permission for the Jill Kramer Volleyball Camps and Kramer Worldwide employees and agents to obtain medical treatment for my child, in the event of accident or illness during his/her time at camp.

As consideration for being permitted by Kramer Worldwide & Jill Kramer Volleyball Camps to participate in these activities and use the associated premises and facilities – I forever release Kramer Worldwide, Jill Kramer Volleyball Camps and the respective directors, officers, employees, volunteers, agents, contractors and representatives (collectively releasees) from any and all actions, claims or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have or may have in the future, for injury, death, or property damage, related to my participation in these activities, the negligence or other acts, whether directly connected to these activities or not, and however, caused by any Releasee, or the condition of the premise where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representative will not make claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I VERIFY THAT THE DANGERS OF THE ACTIVITIES AND THE SIGNIFICANCE OF THIS RELEASE AND WAIVER WERE EXPLAINED TO THE PARTICIPANT AND THAT THE PARTICIPANT UNDERSTOOD THEM.

MEDIA RELEASE WAIVER

I hereby authorize the staff of the Jill Kramer Volleyball Camps and Kramer Worldwide to take and use photographs of my son/daughter for advertising and marketing purposes only (both in print and electronically). I authorize photographs taken of my son/daughter to be shared on social media websites. This authorization will remain in force and active until revoked in writing.

Athlete's Printed Name _____ Athlete Date of Birth: _____

Parent's/Guardian's Printed Name _____

I acknowledge & consent to both the Medical Release & Waiver of Liability Agreement and Media Release Waiver.

Parent's/Guardian's Signature _____ Date _____

See next page for insurance requirements.

Insurance Information Required

Please submit to us a copy of the front/back of your athlete's medical insurance card. You can photocopy or take a photo with your phone and e-mail to camps@jillkramer.com.