

**UNIVERSITY OF SAN DIEGO SUMMER CONFERENCES AND YOUTH CAMPS
AGREEMENT AND RELEASE OF LIABILITY**

Activity: University of San Diego Summer Conference or Youth Camp

Summer 2022

Location: Can be single or multiple locations, on and/or off the USD campus (see Conf. or Camp Information)

Attendee's Name _____ **Over 18? Yes or No** _____

Address _____

City _____ **State** _____ **Zip** _____

Camp or Conference: _____ **Dates:** _____

The attendee ("Attendee") should complete this Agreement and Release of Liability ("Agreement") if attendee is age 18 or older.

I, the undersigned, understand that this is a legally binding agreement and release of liability of the University of San Diego (USD).

I request permission to participate in a Conference or Youth Camp at USD as identified above. In consideration of permission being granted to me to participate in the camp or conference activities, I agree as follows:

1. **Voluntary Activity** I understand and agree that my participation in the camp activities is purely voluntary and is not required by USD.
2. **Release of Liability** I, on behalf of myself, my heirs, personal representatives, guardians, successors, and assigns, hereby release USD and its administrators, faculty, trustees, officers, directors, employees, volunteers, coaches, athletic trainers, team physicians, and agents, as well as any other organization through which Attendee is participating in the camp or conference activities and their respective employees and agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims, loss, liability, demands, causes of action, costs, expenses (including but not limited to attorneys' fees), damages or suits of any type, whether in law or in equity, that I may have arising from, or relating in any way (directly or indirectly) to my participation in the camp or conference activities, including without limitation any physical, emotional or mental injury, including those that are COVID related, or property damage that I may suffer as a result of my participation in the camp or conference activities, to the maximum extent permitted by law.
3. **Acknowledgment of Risk** I recognize and appreciate the dangers, hazards, and risks associated with participation in the camp or conference activities. I understand that the dangers, hazards, and risks of the camp or conference activities could include serious or even fatal injuries and property damage. I acknowledge that I have fully considered the dangers, hazards, and risks associated with my participation in the camp or conference activities, and voluntarily assume those dangers, hazards, and risks. I give my consent and approval for my participation in the camp or conference activities.
4. **Emergency Medical Treatment** I understand and agree that USD does not have medical personnel available at the location of the camp or conference activities. I hereby grant USD permission to authorize emergency medical treatment, if necessary, and to transport me to an appropriate facility to receive emergency medical treatment, and that such action shall be subject to the terms of this Agreement. I understand and agree that USD assumes no responsibility for any injury or damages which might arise out of, or in connection with, such authorized emergency medical treatment.
5. **Fitness to Participate** I hereby represent that I am physically and mentally able to participate in the camp or conference activities and that I have no health problems or physical or mental conditions that would present a risk to me or to others. I hereby agree to adhere to the USD Summer Youth Camp and Conference COVID protocols.
6. **Insurance** I represent that I am covered by a comprehensive medical plan (health insurance) necessary to provide and pay for any and all medical costs (including but not limited to transportation costs associated with obtaining medical care) and/or I will assume all responsibility for medical costs incurred as a result of illness and/or as a result of my participation in the camp or conference activities. I agree to pay for any costs related to my medical treatment that are not covered by insurance or if I have no medical insurance.
7. **Photographs** I consent to the use by USD of any photographs of me for publicity, promotion, advertising, or other legitimate purposes.

I acknowledge that I have carefully read this Agreement and fully understand its contents. I acknowledge that I am voluntarily executing this Agreement of my own free will after having the opportunity to consult with legal counsel of my own choosing. I understand that this Agreement means I am giving up, among other things, rights to sue USD and Releasees for injuries, damages or losses I may incur. I also understand that this release binds me, as well as my heirs, executors, administrators, and assigns. I further acknowledge and understand that this Agreement will absolve and release the University of San Diego and Releasees from any liability in connection with any injury or harm suffered as a result of my participation in the camp or conference activities. I acknowledge that I have been made aware of any and all risks of participation in the camp or conference activities.

I have read and understand that this Agreement is a release of legal rights and claims.

Signature (if over age 18) _____ Date _____