

<u>PART I</u> Acknowledgement and Release Agreement

	Acknowledgement and Release Agr	cement
Tennis Elite Camp (the Activity) offered by Univ following Release Agreement and agree to its ter 1. Assumption of Risk. I understand that participating in this Activity Detail Form on the reverse side been given the chance to ask questions about the Having read this form, I am fully aware of the state Activity. I voluntarily assume full responsibility sustain as a result of participating in the Activity trustees, agents, employees or volunteers (the "choose do to voluntarily and free of duress. 2. Liability Release. In consideration for U of release and indemnify the Releasees from any awhatsoever arising out of any loss, personal inj while upon the premises where the Activity is leasees. 3. Statement of Physical Fitness. I state that I award Activity. I maintain medical insurance that con Releasees have not made, nor will make, any in relying on my statement of my physical condition incurred as a result of my participation in the Activity. I maintain medical Treatment. I grant the agree that such action by the Releasees shall be responsibility for any injury or damage that might for the state of New York and the laws of the State of New York for any lawsuits arising from the Activity for any injury or damage from the Activity for any lawsuits arising from the Activity for any lawsuits arising from the Activity for any injury or damage from the Activity for any lawsuits arising from the Activity for any injury or damage from the Activity for any lawsuits arising from the Activity for any injury or damage from the Activity for any injury or dama	rersity of Rochester. As a precondition to P ms. Expanding in the Activity entails inherent rise of this Release Agreement. I have read the Activity Detail Form and all such quest risks and hazards associated with the Activity for any risks of loss, property damage ty, unless caused by the gross negligence of Releasees"). I understand that I am not rown and all liabilities, claims, demands, action the activity and all liabilities, claims, demands, action the ury (including death) or property damage being conducted, unless due directly to the theorem accidents and illnesses while the trestigation into my physical fitness or about. I assume full responsibility for paymoctivity. Releasees permission to authorize emerge to subject to the terms of this Agreement. The total and any claim arising from my participal York, without regard to its conflict of lawstivity or relating to this Agreement. The total property is a property of the property of the paymonth of the property of the paymonth of the property of the paymonth of the property of th	vity, and hereby elect to voluntarily participate in the or personal injury, including death, that I may be willful misconduct of U of R, its officers, equired to participate in the Activity and that I wity, I agree I will not sue the Releasees and I hereby so, causes of actions, costs and expenses of any nature so, that I may sustain, arising from the Activity or se gross negligence or willful misconduct of the rill allow me to participate fully and safely in the I am participating in this Activity. I understand the sility to participate in the Activity and Releasees are sent of medical expenses not covered by my insurance ency medical treatment as they deem appropriate, and I understand and agree that the Releasees assume no reatment.
Various activities include, but not limited to, tenroverall athletic ability of campers. By participating in these activities you may be Physical injury, including but not limited to brocardiac injury, and even death. These may be a in practices, training drills and competitions, an In signing this Agreement, I acknowledge that	amp door tennis courts), Goergen Athletic Center and girls ages 13-18 years old. Camp runs for a campain and match-play, instruction are exposed to several inherent risks, include oken bones, concussions or other head injust accompanied by psychic injury or mental and during travel to and from practices and at I have read both sides of this Release An this Release Agreement voluntarily and	er (indoor tennis courts, pool) from 12:00pm Sunday through 12:00pm Wednesday. nal videos, swimming and other activities to improve ling but not limited to those listed here: uries, organ damage, torn ligaments and tendons, anguish. These risks may result from participation
Name of Parent or Legal Guardian (printed)	Signature	<u> </u>

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING. (Rev. 4/98)

Phone number where parent/legal guardian

can be reached in case of emergency

Date

Name of Participant (printed)

PART II

2016 University of Rochester Summer Tennis Elite Camp

Rules and Regulations

- 1) The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.
- 2) Participants may not leave University property or the program without permission of the Program Sponsor.
- 3) No violence by anyone involved with the, including sexual abuse or harassment, will be tolerated. Hazing is prohibited. Bullying, including verbal, physical, and cyber bullying, are prohibited.
- 4) No use of tobacco products.
- 5) Misuse, damage or theft of property is prohibited. Charges will be assessed against those participants who are responsible for damage, theft or misuse of University property.
- 6) Participants must follow all safety rules in accordance with University standards and/or as defined by the program administrator.
- 7) Use of cameras, imaging, and digital devices is prohibited where privacy is expected, such as showers, locker rooms and restrooms.
- 8) As the parent or legal guardian, I declare that I have read, understand, and approve the rules, and give permission for my child to participate in the 2016 University of Rochester Summer Tennis Elite Camp.

Any participant who is found behaving in direct violation of these rules will be removed from the camp immediately.

In signing this Agreement, I acknowledge that I have read Part II of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.

Name of Parent or Legal Guardian (printed)	Signature	
Name of Participant (printed)		
Date		

PART III

Emergency Contact Information (Parent/Guardian to keep this page)

In the event of an emergency during the activity that requires immediate contact of the coaching staff, a participant, or UR security, please use the contact information listed below to reach the staff members.

Name: Matt Nielsen Office: (585) 275-1661 Cell: (585) 339-8430

Name: Margaret Remynse Office: (585) 275-4305 Cell: (269) 753-9824

UR Security - (585) 275-3333

In the event of an emergency (medical, behavioral, disaster, or significant program disruption) during the activity that requires immediate contact of the participant's parent/guardian, the staff will use the emergency contact name and phone number which were provided by the participant. This information is recorded and filed by the staff as a part of the registration process.