



UNIVERSITY OF NORTH CAROLINA WILMINGTON

**ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS,
PHOTO & MEDIA RELEASE AND INDEMNITY AGREEMENT
FOR UNCW PROGRAM**

In consideration of _____ being allowed to participate in the _____ (hereinafter referred to as the 'Program'), as his/her custodial parent/guardian, I hereby agree as follows:

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks to my child associated with classroom activity and game playing, including property damage, falls, contact with other participants, sprains, and other personal injury, I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities.

I give permission to any doctor, hospital, or other medical agency to release confidentially to the treating physician(s) for my child any information they may have concerning his/her medical condition and their professional contact with him/her. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my child. (Where practical, you will be notified by telephone before any procedures are done.) A photocopy of this permission is to be considered as valid as the original. I further understand that treatment for any medical problems my child may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I shall indemnify, defend and save harmless UNCW, its officers, directors, employees, representatives, agents and volunteers from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by my child or me as a result of negligence on the part of any of the entities or individuals identified above as a result of my child's own negligence or intentional acts, during my child's participation in this Program, including travel to and from the activity sites.

I have agreed that my child may be photographed, audio or videotaped by the Program or UNCW. With my signature, I agree that photographic image(s) and information that correspond with the photographic image(s) may be disseminated for any public release usage by the Program or UNCW.

Check only if: I do not agree to photo/media dissemination for any public release from UNCW

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, have full capacity to enter into this Agreement, and do so voluntarily.

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND
I AGREE TO BE BOUND BY IT.**

CUSTODIAL PARENT'S OR GUARDIAN'S SIGNATURE
(Signature of one parent binds both parents)

DATE

PRINTED NAME OF PARENT

PRINTED NAME OF CHILD