

**Northeast Elite Softball Camp
Participant Release and
Indemnification Agreement**

Participant Name: _____ Participant Address: _____

Program Description: The Northeast Elite Softball Camp is for children ages 6-12. This release and indemnification is for children participating in the program.

Location: NTCC Main Campus 2886 FM 1735, Chapel Hill Rd, Mount Pleasant, TX 75455 - Softball Field

Dates: June 3rd-June 6th, 2019

I, _____, am the parent or legal guardian of the above named minor participant. I am eighteen (18) years of age or older. I acknowledge that the nature of the program may expose participant to hazards and risk that may result in participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risk. I represent that participant is physically able with or without accommodation to participate in the above- reference program, and is able to use the equipment and/or supplies associated with the program.

In consideration of participant's participation in the program, on behalf of participant, participant's family, heirs, and personal representative(s), I hereby accept all risk to participant's health and of participant's injury or death that may result from such participation. I hereby release the above named college, it governing board, officers, employees, and representatives (collectively the "releases") from any and all liability to participant. Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to participants property and for any and all illness or injury to participants person, including participants death, that may result from or occur during participants participation in the program, whether caused by negligence of the college, or otherwise. I further agree to indemnify and hold harmless the college and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from participants negligent or intentional act or omission while participating in the describe program.

It is my express intent that this release and hold harmless agreement shall be deemed as a "Release, Wavier, Discharge and Covenant" not to sue the College.

Further, I understand that the program takes place on a college campus. While participants will be supervised at all times during the program and efforts are made to secure the environment for participants I am aware that participants might inadvertently view mature content during the program, specifically, I understand that the college has open access to the internet and that participants might use the internet during the program. College cannot be held responsible for the nature or content of information accessed or transmitted.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY, DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE PROGRAM AND IT OBLIGATES PARTICIPANTS TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

I understand and agree that the College does not have medical personnel available at the location of the program. I understand and agree that college is a granted permission to authorize emergency medical treatment, if necessary, and that such action by college shall be subject to the terms of this agreement. I understand and agree that the college assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Should participant require emergency medical treatment as a result of accident or illness arising during the program, I consent to such treatment and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. In the event of an emergency, I am providing the following information.

Emergency Contact Name(s) and Number(s): _____

Physician's Name and Phone Number: _____

Medical Insurance Name or Group: _____

Current Medications, allergies, or significant medical history we should be aware of:

I authorize NTCC to use or show photos and videos of the program which include participant or participant's likeness.

I further agree that this release shall be constructed in accordance with the laws of the State of Texas. If any term or provision of this release shall be held illegal, unenforceable, or in conflict with any law governing this release the validity of the remaining portions shall not be affected thereby. I have also read and understand the parent handbook.

I hereby certify that I am the parent or legal guardian of participant and I have read and understand the above statements and agree to the terms and stipulations.

Signature of Parent/Guardian

Signature of an NTCC Representative

Date Signed

Date Signed

ONLY the following person(s) are authorized to pick up participant. Parents and/or guardians must be listed.

Parent/Guardian Phone Number

Parent/Guardian Phone Number

Parent/Guardian Phone Number