AGREEMENT FOR PARTICIPATION IN UNIVERSITY OF ALASKA ACTIVITY

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK / RELEASE OF CLAIMS

I, (print name)_____, being _____ years of age, want to participate in UAF's Alaska Basketball Elite Camp for youth .

PLEASE READ CAREFULLY & SIGN BELOW
(***Required for participation***)

1. **Inherent Risks -** I understand and acknowledge that there are **known, unknown, and unanticipated risks and dangers that are qualities of these activities that cannot be eliminated**. These are often called **"inherent risks"** and will be referred to this way in this document**.** Some of the activities that I may be participating in:

Participants will be engaging in a two-day basketball camp. The University of Alaska Men's Basketball Elite Camp will be a high intensity camp for elite players looking to gain an understanding of what it means to play college basketball. On court sessions will be run in the same manner as practices are run by the University of Alaska Men's Basketball Coach Staff.

Potential risks while participating in athletics activities include, but are not limited to, muscle sprains and strains, broken bones, bruising, contusions, minor cuts, and concussions, which in rare cases can result in death.

2. **Possible Harms** - I understand that these "inherent risks**"** can result in "**harms,"** which in this document **means damage to property; permanent or temporary physical, emotional, and mental injury to myself or others; and, death or disability of myself or others.**

3. **Investigate Risks** - I agree that it is my responsibility to understand the risks in my participation in these activities. It is my responsibility to investigate the risks if I do not fully understand these risks.

4**. Assumption of Risk -** After considering the "inherent risks" and "harms" that may result, I voluntarily assume all "inherent risk**s"** that I may encounter during participation in or transportation to, from or as a part of these activities, and I agree to be financially responsible for any "harms" that result.

5. **Release –** In consideration of my voluntary participation in these activities despite the inherent risks and harms associated with them, I release and forever discharge the University of Alaska, its Board of Regents, officers, agents, employees, and volunteers (hereafter "**University**"), from all liability and claims of any kind for any "harms**"** to me arising out of the activities that are listed in Paragraph 1 above. This includes claims for loss, expense, damages, punitive damages or attorney fees.

6. **Other Providers** - I understand that my assumption of risk and release and of the University apply regardless of whether this activity is operated, sponsored, or hosted in whole or in part by the University of Alaska or a third party.

7. **Accommodations** - I certify that I am in good health and I know of no medical reason why I am not able to participate. If I have a disability, food or drug allergy, dietary requirements or any other condition requiring accommodation, I will contact the activity director at least fourteen (14) days prior to the start of the activity, or as soon as possible.

8. **Consent to Care -** I consent to first aid, emergency medical care, and if necessary admission to a hospital for care and treatment for injuries or illness anytime during this activity.

9. **Financial Responsibility -** I understand that I am responsible for obtaining insurance and for any expenses that arise out of medical care. Upon my request and at my expense accident insurance may be available to me through the University.

10. **Compliance with Rules** - I agree that I will abide by all University policies, regulations, and procedures and by all local, state and federal laws. If I fail to abide by these rules and laws, that may be a basis for denying or ending my participation in this activity.

11. **Others Affected** - I intend that this Agreement is and will be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives.

By my signature, I agree and represent that: I have entered into this Agreement on the basis of my own assessment of the risks involved and not in reliance upon representations of the University, its employees, officers or agents; I understand that I have the right to consult an attorney of my choice before signing this Agreement; I further understand that this Agreement contains our entire agreement, and that it cannot be modified except in a writing signed by me and the University; Alaska law applies to this Agreement and any dispute will be resolved in the state court located in Alaska; If any part of this Agreement is found to be invalid or unenforceable for any reasons, the balance of the Agreement remains valid and enforceable; This a legally binding agreement designed to protect the "University" from claims that could be brought by myself or anyone else because of "harms" to me.

PARTICIPANT'S NAME: _____DATE:_____
(Please Print)

PARTICIPANT'S SIGNATURE: _____DATE:_____

ADDRESS: _____ TELEPHONE:_____

PRINT NAME: _____ DATE:_____
(PARENT/LEGAL GUARDIAN – For Participants Under 18 Years)

SIGNATURE: _____ DATE:_____
(PARENT/LEGAL GUARDIAN – For Participants Under 18 Years)

MODEL RELEASE PORTION - OPTIONAL

_____ **I agree that University personnel may photograph, videotape or record** me in connection with this activity. **I agree that the University will be the owner** of all images and recordings and own all copyright in the images and recordings. The University may use these images and recordings **for advertising or other media releases**.