

# Participation Acknowledgement

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The undersigned participant, and his or her parent or legal guardian if the participant is under the age of 18 years, acknowledges and agrees that participating in this basketball clinic carries the risk of potentially serious physical injury; therefore, executes this release, waiver, and indemnification for himself or herself/themselves and his or her/their heirs, successors, representatives, and assigns and, thereby, agree(s) and represents as follows:

To release Virginia Polytechnic Institute and State University and the Commonwealth of Virginia ("Virginia Tech"), its members, employees, agents, representatives, subsidiary corporations, and those governmental agencies and other organizations affiliated with this activity from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in basketball. The undersigned person(s) further agree(s) to indemnify Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this project, and hold them harmless for any liability, loss, damage, costs, claims, judgments, or settlement which may be brought or entered against them as a result of the undersigned person's participation in basketball, unless the damage or loss is caused by the grossly negligent acts of Virginia Polytechnic Institute and State University, its employees, members, agents, or representatives.

The undersigned(s) agrees to maintain all medical and health insurance needed to cover all risks of any kind in any place in connection with participation in basketball. Furthermore, the undersigned consents to Virginia Tech providing or arranging for medical treatment in the event of an injury.

Printed Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Parent or Guardian (if participant is under age 18) \_\_\_\_\_

Contact Information In Case of Emergency (phone #) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_