I certify that I am a parent or the legal guardian for:

_______________________________________________________________ (child/ward)

and that s/he has my permission to participate in the Prospect Camp (the Activity) at the University of Chicago (“University”).

I understand that s/he will engage in an athletic experience.

WAIVER AND RELEASE

In consideration of my child/ward being permitted to participate in the Activity, I agree to assume all the risks and responsibilities surrounding my child/ward’s participation in the Activity and in any activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the University, its governing board officers, agents, employees, and any students acting as employees (“University”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which my child/ward may have or may hereafter accrue to him/her, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by him/her or by any property belonging to him/her, except if caused by the sole negligence of the University, which s/he is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I have signed this Waiver and Release in full recognition and appreciation of the dangers, hazards, and risks of such activities, which dangers include but are not limited to injuries arising from athletic activity, and which could include serious or even mortal injuries and property damage. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of this Release of liability and hold harmless agreement by reading it before I sign it, and that I have reviewed it and understand what it means and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the University does not require my child/ward to participate in the Activity, but I want him/her to do so, despite the possible dangers and risks and despite this Release.

I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. 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.

_____________________________________________________________
Printed Name of Participant

_____________________________________________________________
Signature of Parent or Legal Guardian   Date

_____________________________________________________________
Printed Name of Parent or Legal Guardian

Make checks payable to: The University of Chicago