RELEASE OF LIABILITY – READ BEFORE SIGNING

Sports	Camp, its related events and	activities, I,	e Naval Academy Athletic Association the undersigned and the
parent/guardian of, acknowledge, appreciate, and agree that:			e, appreciate, and agree that:
1.	Sports Camp is significant, i COVID-19, as well as the po	ncluding the possible expo	cicipation in the activities involved in the sure to a communicable disease, such as alysis and death, and while particular skills, sk, the risk of serious injury does exist; and
2.		SENCE OF THE RELEASEES O	ooth known and unknown, EVEN IF or others, and assume full responsibility for
3.	If, however, I or my child ob	oserves any unusual significelf from participation and b	nary terms and conditions for participation. cant hazard during participation, I or my oring such to the attention of the Naval
4.	RELEASE, INDEMNIFY, AND officers, officials, agents, ar sponsors, advertisers, and, ("Releasees"), WITH RESPECTIVE person or property associated	HOLD HARMLESS the Navand/or employees, voluntee if applicable, owners and lect TO ANY AND ALL INJURNed with my child's presence.	nal representatives and next of kin, HEREBY al Academy Athletic Association, their rs, other participants, sponsoring agencies, essors of premises used for the activity Y, DISABILITY, DEATH, or loss or damage to ses of participation, WHETHER ARISING RWISE, to the fullest extent permitted by
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY			
UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT			
x			Date Signed:
PAREN [®]	T/GUARDIAN'S SIGNATURE	(print name)	
agree t assigns all liabi above,	o his/her release as provided , and next of kin, I release ar lities incident to my minor cl	d below all of the Releasee nd agree to indemnify and l nild's involvement or partion	collity for this participant, do consent and s, and, for myself, my child and our heirs, shold harmless the Releasees from any and cipation in these programs as provided ASEES, to the fullest extent permitted by
x		Age:	Date Signed:

PARTICIPANT'S SIGNITURE