

TRAIN YOUR BRAIN SUMMER CAMP 2020
AT
THE WASHINGTON UNIVERSITY IN ST. LOUIS MISSOURI

PARENT RELEASE, WAIVER AND APPROVAL FOR PARTICIPATION

I/We hereby certify and agree that _____ (“My Child”)
Please Print: Child’s Name (First, Middle, Last)

has my/our approval to participate in the Train Your Brain Summer Camp (the “Event”) to be held
_____ through _____, at Washington University in St. Louis (the “University”).

I/We know the nature of the Event and My Child’s experience and capabilities and consider My Child to be qualified to participate in the Event. I/We understand and appreciate the dangers, hazards and risks inherent to the Event, including but not limited to transportation to, from, and around the Event destination(s) via walking, bus, Metrolink, bicycle or other means, natural disasters, inclement weather, accidents, illnesses, insect bites, heat exposure, diseases, crimes or attacks, allergic reactions to food or otherwise, and any other risks associated with independent activities my child undertakes as an adjunct to the Event, all of which could include serious or even fatal injuries or property damage or loss.

In return for My Child’s participation in the Event: I/we fully and forever RELEASE, WAIVE, DISCHARGE, ACQUIT, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE, the University, its governing board, trustees, officers, agents, employees, students, student groups, representatives, and/or volunteers (collectively, the “Releasees), for any harm, damage, claim, demand, action, cause of action, cost or expense of any nature that I/we or My Child may have or that may hereafter accrue, arising out of or related to any loss, damage or injury, including but not limited to physical injury, suffering or death, that may be sustained by My Child or by any property belonging to My Child, whether caused by the negligence or carelessness of the Releasees, in connection with the Event. This waiver does not pertain to incidents involving gross negligence or willful misconduct by the University and/or its agents. It is my/our express intent to release, waive, discharge and covenant not to sue the University or any individual acting on its behalf. I/we further agree to save and hold harmless, indemnify, and defend the University and individuals acting on its behalf from any claim by me/us, My Child, or my family arising out of my child's participation in the Event. I/We recognize that the Releasees do not assume responsibility or liability for – including costs and attorney’s fees-any accident or injury or damage resulting from any aspect of participation in the Event, nor are Releasees liable for any special, incidental or consequential damages arising out of or in connection with any aspect of My Child’s participation in the Event.

I/We also give permission for My Child to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by My Child. None of the Releasees are responsible for any medical bill incurred as a result of any personal illness or injury to My Child, even if a Releasee has signed hospital documentation promising to pay for the treatment. That medical bill is my/our responsibility.

**THIS IS A RELEASE OF LEGAL RIGHTS.
READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.**

This Agreement shall be governed and construed in accordance with the laws of Missouri and shall be binding upon the parties hereto and their respective successors and assigns. All claims brought in connection with either Camper's participation in Train Your Brain Summer Camp at Washington University School of Medicine or this Agreement, shall be brought only in the state and federal courts located in Missouri and be governed by the laws of the state of Missouri.

The Camper and the Parent(s)/Guardian(s) each hereby acknowledge that he or she has carefully read this Agreement, knows and understands its contents, agrees to abide by each of the terms, and has signed it voluntarily and of his or her own free will.

I/We understand that by signing this document, I/we give up substantial rights that I/we or My Child would have otherwise to receive damages for any loss occasioned by Releasees' fault, and I/we sign it voluntarily and without inducement.

(Both parents, if possible)

Signature of father / Legal Guardian

Signature of mother/guardian

Daytime Phone (father/guardian)

Daytime Phone (mother/guardian)

Date

Date