**RELEASE AND HOLD HARMLESS AGREEMENT**

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian), request voluntary participation for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(minor) (hereinafter referred to as the Participant) to participate in Clarksville Softball Camp starting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, sponsored by The City of Clarksville, all of which are hereinafter referred to as the “Activity.”

I consent to PARTICIPANT’S participation in the Activity and acknowledge that the minor and I fully understand my/minor’s participation may involve risk of serious injury or death, including losses which may result not only from my/minor’s own action, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that photographs, pictures, slides, movies, video, or other media coverage of the participant’s may be taken in connection with the participant’s participation in the Activity without compensation from The City of Clarksville and the officers, employees, and agents of them and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the Activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with the participant’s participation in the Activity. I agree I am financially responsible for any losses resulting from the participant’s and will indemnify The City of Clarksville, and officers, directors, employees, and agents of each of them, for any loss or damage caused by the participant during the activity.

In consideration of the participant’s participation in the activity, I hereby waive all claims or causes of action against the City of Clarksville, and the officers, directors, employees, and agents of all of them, arising out of the participant’s participation in the activity and hereby release, hold harmless, and discharge the City of Clarksville, and the officers, directors, employees, and agents of each of them from all liability in connection therewith except such loss or damage, which was caused by the sole negligence or willful misconduct of the City of Clarksville, and the officers, directors, employees, representatives and volunteers and the officers, directors, employees, and agents of each of them.

**Medical Release and Authorization**

As Parent and/or Guardian of the named participant/minor, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional requires immediate attention to prevent further endangerment of the participant’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named participant. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the City of Clarksville and its affiliates including officers, directors, employees, representatives, and volunteers to provide any necessary emergency treatment prior to the child’s admission to the medical facility.

This Release and Authorization shall remain effective for the duration of the Activity.

This Release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the participant, in my absence.

**I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the City of Clarksville, and the officers, directors, employees, and agents of each of them is knowingly given up in return for allowing the participant’s participation in the Activity. My signature on this document is intended to bind not only myself, but also my successors, heirs, representative, administrators, and assigns.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please utilize this space below to provide medical/prescription information that you request to be released to emergency medical providers:

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PARTICIPANT NAME DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN PRINT NAME ADDRESS, CITY, STATE, ZIP

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PARENT/GUARDIAN Signature PHONE NUMBER