

**Annex I**  
**Waiver of Liability, Assumption of Risk, and Indemnity**  
**Agreement**  
Old Dominion University

Name of Activity (youth camp / program): \_\_\_\_\_

Participant's name: \_\_\_\_\_ Participant's Age (if minor) \_\_\_\_\_

**Waiver:** In consideration of being permitted to participate in any way in the above named activity hereinafter called "the Activity", the undersigned, for himself/herself, his/her heirs, personal representatives or assigns, **does hereby release, waive, discharge, and covenant not to sue** Old Dominion University, part of the Commonwealth of Virginia, or their officers, employees, and agents from liability **from any and all claims including the negligence of Old Dominion University, its officers, employees or agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

The undersigned understands the description of the Activity above may be changed without notice and that Old Dominion University will provide no compensation for any expenses or losses incurred due those changes.

**Assumption of Risks:** Participation in the Activity may involve travel or other activities that carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

**Health Care Authorization:** The undersigned hereby authorizes Old Dominion University and its employees and agents to perform any acts which may be necessary or proper to provide emergency health care to a participant in the Activity in the event the parent/guardian and/or emergency contact cannot be reached. This authorization includes consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. The undersigned understands that (s)he is responsible for all costs and expenses of such medical treatment.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD Old Dominion University and the Commonwealth of Virginia HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Virginia and will be interpreted under such and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** The undersigned has read this waiver of liability, assumption of risk, and indemnity agreement, fully understands its terms, and **acknowledges and understands that substantial rights are being given up, including the right to sue**. The undersigned acknowledges that he/she is signing the agreement freely and voluntarily, he/she is assuming all risks voluntarily and **intends by his/her signature to provide a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date