

ATTACHMENT A

**RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT
(BROWN COUNTY, WISCONSIN)**

In consideration for the Attendee being permitted to participate in the [insert camp or instruction] from [insert dates] (“Activity”), I do waive and release forever any and all rights for claims and damages I may have against University of Wisconsin-Green Bay, its governing board, officers, agents, employees, and Coach _____, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of University of Wisconsin-Green Bay, its officers, employees, agents, and Coach _____, or otherwise, while Attendee 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 accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, or struck by thrown, batted, or kicked balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by University of Wisconsin-Green Bay and that Coach _____ is providing this instruction or camp outside the scope of his/her employment with the University. I agree to release, hold harmless, and indemnify University of Wisconsin-Green Bay, its governing board, its officers, its employees, its agents, and Coach _____ from any and all claims and liability arising out of the Activity.

Printed Name of Attendee: _____

Signature of Attendee: _____

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent or Guardian: _____

Address: _____

Telephone Number: _____