

**EXHIBIT C
RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT**

Attendee Name: _____	Parent/Guardian Name: _____
Effective Date: _____, 20____	Camp Session Dates: _____ _____
Coach: _____ <div style="text-align: center;"><i>Full Name</i></div>	Camp <i>(Describe camp, e.g., by sport, participants, brand, etc.)</i> _____ _____
Company: _____ <div style="text-align: center;"><i>Full Legal Name</i></div> <i>If no company, please indicate "NONE."</i>	

In consideration for the Attendee being permitted to enroll, attend and participate in the Camp ("Activity"), and intending to be legally bound, I hereby waive and release forever any and all rights and claims I may have against Villanova University, its trustees, officers, agents, employees, and, 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 or allegedly caused by or resulting from the negligence (whether characterized as negligence or gross negligence) on the part of Villanova University, its trustees, officers, employees, agents, Company, 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. If any portion of this provision is determined to be unenforceable, the remainder shall still be enforceable to the fullest extent permissible.

I hereby accept, understand, and assume the risk of injury in this Activity, due to the physical nature of the Activity, including, without limitation, falls, contact with other participants, and being injured by thrown or batted balls or other sports equipment. I agree that Attendee will follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I hereby authorize Villanova University, Company, Coach, or their respective employees, agents, or volunteers, at their sole discretion, to administer to or seek for me first aid and other emergency medical services, (including, without limitation, the Heimlich maneuver, mouth-to-mouth resuscitation, cardio-pulmonary resuscitation (CPR), defibrillation, and transportation to a hospital). However, I acknowledge that Villanova University, Company, Coach, or their respective employees, agents, or volunteers may not be present or may not elect or be able or competent to administer or seek such aid, services, or transportation.

I understand that this Activity is neither administered nor sponsored by Villanova University and that Company and/or Coach is providing this Camp outside the scope of his/her employment with the University. I hereby release, hold harmless, and indemnify Villanova University, its trustees, its officers, its employees, its agents, Company and Coach from any and all claims and liability arising out of the Activity.

I also hereby grant permission for the use of Attendee's image in any photographs, videos, sound recordings or other media containing my image ("Images") made in connection with the Activity. The Images may be used, reproduced, and distributed without restriction for the benefit of Villanova or the Camp in any and all publications or media, in any form, including on any Villanova web site or social media site, without further consideration, and I acknowledge Villanova's right to so use the Images at its discretion. I hereby irrevocably waive and release any claims against Villanova University, Company or Coach in connection with the use of the Images.

Signature of Attendee: _____

If Attendee is under 18, this must be signed by a Parent or Legal Guardian of Attendee:

I hereby agree to all of the above conditions, including the waiver and release of claims and release of Villanova University, Company and Coach from liability and the permission to photograph Attendee and use such Images.

Signature of Parent or Guardian: _____