

## DUKE MINORS PROGRAM PARTICIPATION AGREEMENT

Program Name and Dates: \_\_\_\_\_ (“Program”)

Participant Name: \_\_\_\_\_ (“Participant”)

Parent or Legal Guardian Name: \_\_\_\_\_ (“Parent/Legal Guardian”)

This Participation Agreement (the “Agreement”), effective as of the date of signature by the Parent/Legal Guardian, is entered into by and between Arete Field Hockey Consulting, LLC and Parent/Legal Guardian.

This Agreement must also be signed by the Participant, which signature reflects that the Parent/Legal Guardian and Participant have reviewed the Agreement and all materials linked to this Agreement; that the Parent/Legal Guardian has discussed the Program in detail with the Participant and has explained to the Participant that the Program may have risks and that Participant’s participation is voluntary; and that the Participant understands and agrees to all of the terms of this Agreement and all materials linked to this Agreement, including but not limited to the behavioral expectations.

### **1. Voluntary Participation; Program Description**

- (a) In return for and as a condition of Arete Field Hockey Consulting, LLC providing to Participant the opportunity to participate in the Program, Parent/Legal Guardian hereby voluntarily agrees to allow the Participant to participate in the Program and agrees to the terms and conditions set forth in this Agreement.
- (b) Parent/Legal Guardian agrees that he/she has fully read, understands, and agrees to this Agreement; the Description of Risks (“Description of Risks”) set forth below; and any other materials provided by Arete Field Hockey Consulting, LLC regarding the Program. Parent/Legal Guardian agrees that he/she has discussed the Program in detail with the Participant.
- (c) During this Field Hockey Program, Participants will participate in running, bending, stick tackling, hitting the ball, trapping the ball, competitive drills, scrimmaging, and other similar activities. Participants who are goalkeepers will also participate in sliding, stacking, and drill activities using a ball machine. Participants will use the field hockey turf field, locker rooms, and/or team room.

Field Hockey is a high-risk sport. Risks include, but are not limited to being hit by a ball, hockey stick, or other players; colliding with Participants, instructors, counselors, other staff, spectators, facilities, or equipment; injuries resulting from actions of Participants, instructors, counselors, other staff, spectators, and/or people. Such risks can lead to injuries including, but not limited to, head, facial, and injury to bones, joints, ligaments, muscles, tendons, and other parts of Participant’s body that may result in permanent disability or death. Goalkeepers must provide their own equipment (full protective kit required). Mouthguards and shin guards are mandatory. Eye protection for field players is welcomed but not mandatory. Additional risks include injuries from dehydration and exposure to weather elements such as sun, lightening, and other hazardous conditions; variation of the terrain and other natural or man-made hazards; fatigue or exhaustion.

- (d) Arete Field Hockey Consulting, LLC and Duke University are continuing to monitor the situation with Covid-19. Participation in the Program could increase the Participant’s risk of contracting Covid-19. Covid-19 guidance for youth sports can change over time. Masks will not be required for outdoor sports while Participants are on the field, court training, or competing. Masks may be required when Participants are inside. Updated information and specifics regarding guidelines to be followed during the Program will be made available to Parent/Legal Guardian shortly before the Program commences or at registration on the first day of the Program.

- (e) Duke reserves the right, in its sole discretion, to add, modify, or remove elements of the Program or cancel the Program.

## **2. Behavioral Requirements; Duke Policies; Dismissal from the Program**

- (a) Parent/Legal Guardian understands and agrees that (i) Participant must comply with all behavioral requirements established by the Program; (ii) Participant must comply with all Covid-related guidance established by the Program, as the same may change from time to time; (iii) Participant must in all cases and at all times act with a high regard for the health and safety of Participant and others; and (iv) Participant must follow and not deviate from all the directions and procedures communicated to Participant by those operating the Program.
- (b) Parent/Legal Guardian acknowledges and understands that Participant is subject to and must comply with all Arete Field Hockey Consulting, LLC and Duke policies, rules, and regulations, applicable to the Program, as they now exist or are later amended, including without limitation the policies that may be referenced in the Program Description and related Program materials.
- (c) Arete Field Hockey Consulting, LLC may dismiss a Participant from the Program if Arete Field Hockey Consulting, LLC determines, in its sole discretion, that
- Participant has not complied with the behavioral requirements for the Program
  - Participant has not complied with the Covid-related guidance established by the Program
  - Participant has violated a law
  - Participant has violated any Program policy, any applicable Arete Field Hockey Consulting, LLC or Duke policy, or any relevant third party policy
  - Continued participation by Participant in the Program poses a risk to the health, safety, or welfare of the Participant or others
  - Continued participation by Participant in the Program will materially disrupt the Program.
- (d) If Arete Field Hockey Consulting, LLC dismisses Participant from the Program, Arete Field Hockey Consulting, LLC will inform Parent/Legal Guardian of the decision. If Parent/Legal Guardian is unavailable, Arete Field Hockey Consulting, LLC will inform an emergency contact, as designated by Parent/Legal Guardian on the required medical form. Once Arete Field Hockey Consulting, LLC notifies the Parent/Legal Guardian or an emergency contact that Arete Field Hockey Consulting, LLC has dismissed Participant from the Program, the applicable person must pick up Participant and remove them from the Program as soon as possible...

## **3. Reasonable Accommodations; Insurance**

- (a) Parent/Legal Guardian has read, understands, and acknowledges the requirements of the Program and represents that Participant is able to meet those requirements. Further, Parent/Legal Guardian understands that, if at any point, Arete Field Hockey Consulting, LLC determines based on an individualized assessment that Participant is unable to meet the requirements, with or without accommodations, Arete Field Hockey Consulting, LLC may remove the Participant from the Program.
- (b) Duke has a reasonable accommodations process through which Parent/Legal Guardian can request disability accommodations on behalf of Participant. We encourage Parent/Legal Guardian to discuss with the Program Director, as early as possible, any potential concerns or modifications that they may need to request for the Participant. Please contact the Arete Field Hockey Consulting, LLC at (502) 419-7289 or pb95@uke.edu with any questions or for further discussion.
- (c) Parent/Legal Guardian understands and agrees that Parent/Legal Guardian will bear all financial

responsibility for any medical treatment Participant might require while participating in the Program. Parent/Legal Guardian agrees to maintain throughout the Program a comprehensive U.S.-based medical insurance policy that covers the Participant for injuries and illnesses that the Participant may sustain or experience while participating in the Program.

#### **4. Use of Photographs, Recordings, and Participant Work**

Parent/Legal Guardian gives permission and consent to allow photographs and video and audio recordings to be taken of Participant during the Program. Parent/Legal Guardian further gives permission and agrees that (i) photographs or video or audio recordings of Participant taken during the program, and (ii) writings and other Participant work produced during the Program, may be used in perpetuity in Arete Field Hockey Consulting, LLC and Duke products, publications, web sites, and/or social medial channels. Parent/Legal Guardian releases and discharges the University from any and all claims and demands arising out of or in connection with the use of Participant's likeness, voice or writings

#### **5. Health Information; Medication Management**

Program requires the completion of a Health Form. This completed form will be held by appropriate Program personnel. This form must be completed within the timelines required by the Program. If such form is not completed prior to the start of the Program, Arete Field Hockey Consulting, LLC in its sole discretion, may determine that the Participant will not be allowed to attend the Program.

Except as otherwise provided in the Health Form, Participants are not allowed to hold any medication during the Program.

#### **6. CONSENT TO HEALTH CARE FOR MINOR**

- a) Parent/Legal Guardian authorizes the Program staff to seek medical treatment for the Participant as they see necessary at Duke Student Health, Duke University Medical Center, or another nearby (Duke or non-Duke) facility. Parent/Legal Guardian understands that whenever possible, the Program staff will make a good faith effort to contact Parent/Legal Guardian before seeking treatment. If this is not possible, Parent/Legal Guardian understands that they will be notified by the Program staff as soon as possible of any and all diagnoses and treatments.
- b) Parent/Legal Guardian consents to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the participant's session. Parent/Legal Guardian understands that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Program staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the Participant.
- c) Parent/Legal Guardian consents to testing for Covid-19, including but not limited to the use of rapid antigen testing, if deemed appropriate by the Program.
- d) Parent/Legal Guardian accepts responsibility for payment of all services rendered; Parent/Legal Guardian authorizes any medical facility which renders services to release medical information necessary for the processing of insurance claims; and Parent/legal Guardian authorizes the payment of insurance claims directly to the medical facility.

#### **7. ASSUMPTION OF RISK; RELEASE AND WAIVER OF LIABILITY**

- (a) The Program may involve risks to health and safety, including but not limited to those described in the Description of Risks. Parent/Legal Guardian agrees to accept and assume all present and future risks,

known or unknown and whether described in the Description of Risks or not, to Participant's health and safety that may arise from or be caused by Participant's participation in the Program. Parent/Legal Guardian agrees that he/she has explained these risks to the Participant.

- (b) In return for and as a condition of Arete Field Hockey Consulting, LLC providing Participant with the opportunity to participate in the Program, and having read and understood this Agreement, including this Release and Waiver of Liability, Parent/Legal Guardian hereby agrees to the following:
  - A. **TO RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Arete Field Hockey Consulting, LLC or Duke University, any affiliates, trustees, officers, employees or agents of Arete Field Hockey Consulting, LLC or Duke, and all other persons or entities involved in the Program (hereinafter referred to as "**Releasees**"), (i) for any liability, claim, and/or cause of action arising out of or related to any loss, damage, injury, illness, or harm of any sort, including injury, illness, or death, that may be sustained by Participant and (ii) for loss of or damage to any property belonging to Participant and/or Parent/Legal Guardian; and that occurs (A) as a result of participation in the Program (including during travel to and from the Program site); (B) as a result of exposure or possible exposure to Covid-19 or any actual, alleged, or threatened infectious, pathogenic, toxic, or other harmful properties of any organic pathogen (including during travel to and from the Program site); (C) as a result of any emergency evacuation facilitated by Arete Field Hockey Consulting, LLC; and/or (D) as the result of any medical care Participant receives while participating in the Program, including any medical care authorized or procured by Arete Field Hockey Consulting, LLC.
  - B. The release, waiver, discharge, and covenant not to sue as expressed in this waiver and release is given pursuant to the Uniform Contribution Among Tortfeasors Act, North Carolina General Statutes Section 1B et seq. It is the intention of Participant and Parent/Legal Guardian to both release any and all claims against Releasees and to relieve Releasees from any liability to make contribution to other tortfeasors on account of any claims.
  - C. If Participant deviates from any aspect of the Program and engages in a personal activity that is not part of the Program, such deviation is purely voluntary and Releasees shall not be liable for any injuries resulting or arising out of such deviation.

**8. Governing Law**

The laws of the State of North Carolina, without regard to principles of conflicts of laws, govern this Agreement. Any action based on or arising out of this Agreement shall be brought and maintained exclusively in any Durham-based court of the State of North Carolina or the federal court for the Middle District of North Carolina.

**PARENT/LEGAL GUARDIAN:**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*I am the Parent/Legal Guardian of the above-named Participant. I certify that, before signing this Agreement, I have obtained written permission from any person who is otherwise legally entitled to custody of the Participant during the Program, to the effect that the Participant may fully participate in the Program.*

**PARTICIPANT:**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*My Parent/Legal Guardian has reviewed this Agreement with me and has explained that the Program may have risks and that my participation is voluntary. I understand and agree to all of the terms of this Agreement, including, but not limited to, the behavioral expectations.*