

Exhibit C – Clinic Consent and Release Agreement

Clinic Consent and Release Agreement

I hereby give permission for my child, _____, to participate in all activities of the Best of Boston Clinic run by Ashley Waters & Jenny Allard as part of the Game Day Camps LLC, on the campus of Boston University & Harvard University (the “Camp/Clinic”). I understand that the Camp/Clinic is not run by Boston University & Harvard University. I agree that to participate in the Camp/Clinic, I, and my child will be required to observe standards of conduct and follow all protocols related to COVID-19, including screening on arrival. I will instruct my child to comply with the Clinic’s standards of conduct, both those that are provided in writing at the commencement of the Clinic and those that may be issued, orally or in writing, from time to time at the discretion of the instructor. I agree that the Clinic has the right to enforce its standards of behavior and may terminate my child’s participation in the Clinic for any conduct, which the Clinic considers to be incompatible with the interests, comfort and welfare of the instructor or the other children participating in the Clinic.

I acknowledge that my child’s participation in the Clinic may involve risk of personal injury. I hereby certify that I understand the nature and extent of the risks inherent in the Clinic, and the use of facilities, equipment or services in association with the Clinic. On behalf of myself, and my child, I hereby assume all risks related to participation in the Clinic, including but not limited to accident, death, injury or illness, including personal or bodily or mental injury of any nature. I further hereby, on behalf of myself, my child and anyone claiming through myself or my child, do FOREVER RELEASE the Best of Boston Clinic/Clinic Staff, and the President and Fellows of Harvard College (“Harvard”) and Boston University, its trustees, officers, employees, volunteers, students, agents and assigns from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I, my child, or anyone claiming through myself or my child, may now or in the future have against Harvard or Boston University on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my child’s participation in the Clinic howsoever the injury is caused.

I understand that this Clinic is not a medical or health care program. I have no expectation of any medical or health benefit to my child from participation in the Clinic. I certify that my child is medically able to participate in the Clinic and is free from any communicable, infectious or contagious diseases.

I understand my child will have her temperature checked prior to the beginning of the camp and will complete a self-assessment about symptoms related to COVID-19. Additionally, she will follow masking policies and social distancing protocols as outlined by the camp staff in accordance with state and local guidelines.

IN CASE OF EMERGENCY such as accident or injury, I give permission to the Clinic to provide assistance to procure emergency medical care in the event that I, or person(s) I designate on this form cannot be reached.

Signature of Parent or Guardian: _____
Name Printed: _____
Relationship to Child: _____