

East Stroudsburg University

2018 WARRIOR SPORT CAMPS

Informed Consent, Assumption of Risk, & Waiver and Release of Liability

Warrior Camp: _____ **Session # and Dates:** _____

I, _____, Parent or Guardian of _____ hereby consent to allow
(Name of Parent/Guardian) (Camp Participant)

_____ to participate in all activities and events associated with East Stroudsburg University's Warrior
(Camp Participant) Sports Camps. In signing this form, I am agreeing to the following:

I realize that injuries can be a consequence of participation in this camp and that no amount of reasonable supervision or use of facility will guarantee the prevention of injury. I recognize that specific risks associated with participation in this camp include, but are not limited to: injuries from falls, collisions with other participants or objects, exposure to high temperatures, allergens and/or insects, and illness. I understand and appreciate that the injuries that may result from this participation in this camp include those ranging from minor injuries (such as cuts, bruises and sprains) to serious injuries (such as an eye injury, loss of sight, joint injuries, back injuries, heart attacks, head injuries including concussions, serious or permanent damage to bodily organs) to catastrophic injuries (such as paralysis) or death.

I appreciate the nature of the risks involved and have carefully considered the risks associated with participation in this camp. After such consideration, I agree to voluntarily assume on behalf the camp participant listed above all risks of possible harm, injury or death.

I certify that, to the best of my knowledge, the camp participant listed above is in good health and has no medical condition or symptoms that could interfere with his/her safety or the safety of others while participating in this camp.

I verify that my child is covered by health insurance and that, in the event of injury, resulting expenses not covered by health insurance are my responsibility. If I do not have health insurance, I agree to assume full responsibility for any and all health costs associated with any injury incurred by my child in participating in this Camp.

In signing this Form, I hereby release, waive, discharge from any liability, and also covenant not to sue, East Stroudsburg University, the Pennsylvania State System of Higher Education, the Commonwealth of Pennsylvania, their officers, employees, volunteers and agents from liability for any and all claims including negligence resulting in personal injury, accidents or illness (including death) and property loss arising from participation in the Camp.

In case of injury as a result of my child's participation in this activity, I hereby give advance permission to Camp officials to obtain medical services for the above-named participating camper, including but not limited to, paramedic treatment, transportation by emergency vehicle to a medical facility and treatment by emergency physicians. All extraordinary measures are to be taken in regard to treatment and I shall assume all financial responsibility as to any treatment.

I also agree to INDEMNIFY AND HOLD HARMLESS East Stroudsburg University, the Pennsylvania State System of Higher Education from any and all claims and actions, including costs, damages and attorneys fees resulting from the participation of the above-named camp participant.

I have read the above paragraphs. By signing below, I acknowledge that: (1) I understand and accept the risks and requirements listed in this document; (2) I understand that I am giving up substantial rights, including my right to sue; and I assert that my consent to participation in the camp and assumption of the risks associated with participation in this camp (on behalf of the above-listed camp participant) are voluntary.

Signature of Parent or Guardian Date

Witness Date