

## Field Hockey Camp

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

Session(s): \_\_\_\_\_

I, \_\_\_\_\_, Parent or Guardian of \_\_\_\_\_ (camp participant) hereby consent to allow \_\_\_\_\_ (camp participant) to participate in all activities and events associated with this field hockey camp. 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 matter 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: being hit by a field hockey ball or stick and colliding with other participants. I understand and appreciate that the injuries that may result from participation in this camp include, but are not limited to: those ranging from minor injuries (such as cuts, bruises and sprains) to serious injuries (such as eye injuries, joint injuries, back injuries, head injuries including concussions. 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 of 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 while participating in this Camp.

In signing this Form, I hereby release, waive, discharge from any liability, and also covenant not to sue, Jennifer Lobasso, the Lehigh Rec Center, 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 this Camp.

In case of injury as a result of my child's participation in this Camp, 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 Jennifer Lobasso, the Lehigh Rec Center, their officers, employees, volunteers and agents from any and all claims and actions, including costs, damages and attorney's fees resulting from the participation of the above-named 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 (3) 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-named camp participant) are voluntary

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

*(Please **print out and sign** this form and either mail it to Jennifer Lobasso or bring it with your child when they are dropped off for camp)*