



## **SUMMER CAMP ACKNOWLEDGEMENT OF RISK FORM (for programs with classroom-based activities)**

I, \_\_\_\_\_, am the parent and/or legal guardian of \_\_\_\_\_, a minor child under the age of 18 years. I would like to have my child participate in a George Mason University (UNIVERSITY) camp and enrichment program (CAMP/PROGRAM): which will take place on date(s): \_\_\_\_\_.

In consideration for my child being allowed to participate in this CAMP/PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. This CAMP/PROGRAM affords my child the opportunity to participate in the specific activities included in the CAMP/PROGRAM. I understand there are inherent risks and dangers involved in all camps, including, but not limited to, food/drink allergies, the risk of serious physical injury, temporary or permanent disability, and death, as well as property loss and I choose to voluntarily allow my child to participate in this CAMP/PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation whether known or unknown.
2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this CAMP/PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
3. I understand that this CAMP/PROGRAM is classroom-based and I know of no medical reason why my child should not participate.
4. I agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in the CAMP/PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Signature of Parent/or Legal Guardian

\_\_\_\_\_  
Date