



## RELEASE OF LIABILITY (REQUIRED FORM)

Felician University Sports and Gaming Camps | 201.559.3333 | Fax: 201.559.3601  
Athletics Office | One Felician Way, Rutherford, NJ 07070

### RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, ASSUMPTION OF RISK AND INDEMNIFICATION

I, \_\_\_\_\_ (*parent name*), of \_\_\_\_\_ (*city, state*), in consideration of my Child's participation in Summer Sports and Gaming Camps at Felician University during the summer of 2018, do hereby agree as follows:

Child's name \_\_\_\_\_

**Please read carefully. This is a release and waiver of important legal rights.**

Although reasonable precautions are taken to provide proper organization, instruction, and equipment for your Child's participation in the Summer Sports Camps at Felician University, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking (individually, an "Activity" and collectively, the "Activities") and the use of any equipment in connection with the Activities. I, on behalf of myself and my Child, understand that my Child may be involved in Activities, including but not limited to, baseball, basketball, gaming, lacrosse, and/or other physical undertakings. I acknowledge that participation by my Child in any Activities is voluntary and that my Child may decline to participate in any Activities.

**ACKNOWLEDGMENT OF RISKS:** I recognize that there is inherent danger in any Activities that involve physical exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each Activity can contribute to the unpredictability of the Activity; and that balance, physical coordination, and conditioning may affect the occurrence of accidents, falls, and injuries.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the Activities in which my Child will be engaged, both seen and unforeseen, I confirm that my Child is capable of participating in the Activities and/or using equipment in connection therewith. I assume full responsibility for personal injury, accidents or illnesses, including death to my Child, except to the extent caused by the negligence of Felician University or anyone for whom it is legally responsible. I also assume responsibility for loss of or damage to my Child's personal property. On behalf of myself and my Child, I assume the risk(s) of personal injury, accidents, and/or illnesses of all kinds and nature, including, but not limited to, cuts, wounds, scrapes, abrasions, and/or contusions, sprains, and/or death.

**AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury to my Child while participating in the Activities. I have appropriate insurance or, in its absence, I agree to pay all costs of medical services and medical transport as may be incurred on behalf of my Child.

**RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE:** In consideration of my Child's participation in the Activities, I do hereby for myself, my Child and our respective administrators, executors, heirs, spouse, dependents, successors, and assigns, knowingly and intentionally release, forever discharge and covenant not to sue Felician University and its trustees, officers, agents, employees and volunteers (collectively, "University") from and against any claims, demands, expenses, actions and causes of action of every name, type, and nature I or we now have or may ever have arising out of my Child's participation in the Activities on the above dates and on any subsequent dates during which he or she participates in the Activities.

**AUTHORIZATION:** I hereby authorize and give the Summer Sports Camps at Felician University permission to take, use, publish, and reproduce photographs, videos, and other images of my Child for the Summer Sports and Gaming Camps at Felician University records, web site, brochures, group photos, or other media.

**ACKNOWLEDGMENT:** In signing this Agreement, I acknowledge and represent that I have fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Agreement shall be construed in accordance with the laws of the state of New Jersey. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and our respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

SIGNATURE OF PARENT/GUARDIAN:

DATE: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME:

\_\_\_\_\_  
Please return completed form with your payment to Felician University.