

Release of Liability



Both the Release of Liability and Health Forms must be filled out IN FULL, signed and returned by June 15. Faxed copies will NOT be accepted. Campers will not be allowed to participate without BOTH the Release of Liability and Health Forms completed IN FULL.

Name of Child

First Name: MI: Last Name:

Camp (s) Sessions Attending

- | | | | | | |
|--|-------------|--|--|-------------|--|
| <input type="checkbox"/> BOYS & GIRLS SOCCER CAMP
Boys/Girls: Grades 1-9 | 6/28 - 7/1 | <input type="checkbox"/> Day
<input type="checkbox"/> Overnight | <input type="checkbox"/> BOYS BASKETBALL CAMP II (day/overnight)
Boys: Grades 3 - 10 | 7/19 - 7/22 | <input type="checkbox"/> Day
<input type="checkbox"/> Overnight |
| <input type="checkbox"/> BOYS BASKETBALL CAMP I (day)
Boys: Grades 3-10 | 6/28 - 7/1 | <input type="checkbox"/> Day
<input type="checkbox"/> Overnight | <input type="checkbox"/> GIRLS SOFTBALL CAMP (day/overnight)
Girls: Grades 8-12 | 7/19 - 7/22 | <input type="checkbox"/> Day
<input type="checkbox"/> Overnight |
| <input type="checkbox"/> GIRLS FIELD HOCKEY CAMP
Girls: Grades 7-12 | 7/5 - 7/8 | <input type="checkbox"/> Day
<input type="checkbox"/> Overnight | <input type="checkbox"/> GIRLS LACROSSE CAMP (day/overnight)
Girls: Grades 7 - 12 | 7/26 - 7/29 | <input type="checkbox"/> Day
<input type="checkbox"/> Overnight |
| <input type="checkbox"/> GIRLS BASKETBALL CAMP I (day)
Girls: Grades 3-9 | 7/12 - 7/15 | <input type="checkbox"/> Day | <input type="checkbox"/> GIRLS BASKETBALL CAMP II (overnight)
Girls: Grades 6-12 | 7/27 - 7/30 | <input type="checkbox"/> Overnight |
| <input type="checkbox"/> BOYS FOOTBALL CAMP
Boys: Grades 5-12 | 7/12 - 7/15 | <input type="checkbox"/> Night | <input type="checkbox"/> BOYS & GIRLS TENNIS CAMP
Boys/Girls: Grades 6-12 | 8/2 - 8/5 | <input type="checkbox"/> Day |
| <input type="checkbox"/> BOYS & GIRLS TRACK & FIELD CAMP
Boys/Girls: Grades 8-12 | 7/19 - 7/22 | <input type="checkbox"/> Day
<input type="checkbox"/> Overnight | <input type="checkbox"/> BOYS & GIRLS CROSS COUNTRY CAMP
Boys: Grades 8-12 | 8/2-- 8/5 | <input type="checkbox"/> Day
<input type="checkbox"/> Overnight |
| | | | <input type="checkbox"/> GIRLS VOLLEYBALL CAMP
Girls: Grades 6-12 | 8/2 - 8/5 | <input type="checkbox"/> Day
<input type="checkbox"/> Overnight |

Please read carefully. This is a release of liability and other rights.

Although precautions are taken to provide proper organization, instruction, and equipment for your child's participation in a Stonehill College Sports Camp, 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 [the "activity(ies)"] and the use of any equipment in connection with the activities. I/we, on behalf of myself, my child and any other parent of the child, understand that my child may be involved in activities including the following but not limited to soccer, cross country running, track and field events, basketball, volleyball, football, lacrosse, field hockey, tennis, and/or any other physical undertakings. **Any participation by my child in the activity(ies) will be voluntary.**

WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the Stonehill College Sports Camps, I/we as parents of Camper's Name: _____ do hereby agree to limit the liability of the Stonehill College Sports Camps, Stonehill College, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Stonehill College Sports Camps. I further agree to waive all liability of the Stonehill College Sports Camps, Stonehill College, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Stonehill College Sports Camps, which is not covered by said medical insurance policy.

AUTHORIZATION

I/we hereby grant permission to the staff and physicians of Stonehill College Sports Camps, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary.

ACKNOWLEDGEMENT

In signing this Release of Liability, 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 Release of Liability shall be constructed in accordance with the laws of The Commonwealth of Massachusetts.

Parent Signature	Date
<hr/>	<hr/>
Parent Printed Name	Date
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****Stonehill Sports Camps shall comply with the regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health (Easton).****