

# Release of Liability



Both the Release of Liability & Health Form (Physical & Immunizations) must be filled out IN FULL, signed & returned to the address at the bottom of the page by June 1st. Faxed copies will NOT be accepted. Campers will not be allowed to participate without BOTH the Release of Liability & Health Form (Physical & Immunizations) completed IN FULL and returned by June 1st (address located at the bottom of the page).

## Name of Child

First Name:  MI:  Last Name:

## Camp (s) Sessions Attending

<input type="checkbox"/> CROSS COUNTRY / TRACK & FIELD CAMP Boys/Girls: Grades 6 - 12	7/13 - 7/16	<input type="checkbox"/> Commuter <input type="checkbox"/> Resident	<input type="checkbox"/> GIRLS LACROSSE CAMP Girls: Grades 8 - 12	7/21 - 7/24	<input type="checkbox"/> Commuter <input type="checkbox"/> Resident
<input type="checkbox"/> SOCCER CAMP Boys/Girls: Grades 1 - 12	7/7 - 7/10	<input type="checkbox"/> Commuter <input type="checkbox"/> Resident	<input type="checkbox"/> BOYS BASKETBALL CAMP I Boys: Grades 3 - 10	7/21 - 7/24	<input type="checkbox"/> Commuter
<input type="checkbox"/> FIELD HOCKEY CAMP Girls: Grades 8 - 12	7/9 - 7/12	<input type="checkbox"/> Commuter <input type="checkbox"/> Resident	<input type="checkbox"/> GIRLS BASKETBALL CAMP II Girls: Grades 6 - 12	7/29 - 8/1	<input type="checkbox"/> Resident
<input type="checkbox"/> FOOTBALL CAMP I Boys: Grades 6 - 12	7/17 - 7/20	<input type="checkbox"/> Commuter <input type="checkbox"/> Resident	<input type="checkbox"/> TENNIS CAMP Boys/Girls: Grades 6 - 12	8/4 - 8/7	<input type="checkbox"/> Commuter <input type="checkbox"/> Resident
<input type="checkbox"/> GIRLS BASKETBALL CAMP I Girls: Grades 3 - 8	7/14 - 7/17	<input type="checkbox"/> Commuter	<input type="checkbox"/> BOYS BASKETBALL CAMP II Boys: Grades 6 - 12	8/4 - 8/7	<input type="checkbox"/> Resident <input type="checkbox"/> Commuter
			<input type="checkbox"/> VOLLEYBALL CAMP Girls: Grades 6 - 12	8/10 - 8/13	<input type="checkbox"/> Commuter <input type="checkbox"/> Resident

**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, 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. I acknowledge that my child may decline to participate in any activity (ies). **Any participation by my child in the activity(ies) will be voluntary.**

### ACKNOWLEDGMENT OF RISKS

I recognize that there is inherent danger in any activity(ies) which 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 individual activity can contribute to the unpredictability of the activity(ies); and that balance and 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 activity(ies) in which my child will be engaged, both seen and unforeseen, I confirm that my child is physically and mentally capable of participation in the activity(ies) and/or using equipment in connection therewith. I understand that my child will be participating willingly and voluntarily, and I assume full responsibility for personal injury, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur. On behalf of myself, my child and any other parent of the 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 activity(ies). I will have appropriate insurance or, in its absence, I agree to pay all costs of rescue and/or medical services as may be incurred on behalf of my child.

### RELEASE AND HOLD HARMLESS

In consideration of my child's participation in the activity(ies), I for myself, for my child, and for any other parent of the child, do hereby RELEASE AND AGREE TO HOLD HARMLESS Stonehill College, its trustees, officers, employees, and agents from all liability with respect to my child, and I waive any claim for damage arising from and cause whatsoever, except for any claims that are the result of gross negligence of the party or parties release herein.

### 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. 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 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.

Parents Signature

Date

Parent Printed Name

Date