Acknowledgement and Assumption of Risk
Summer Camp 2016

All Campers shall read, or have read to them, the following Acknowledgment. Campers entering the fourth Grade or older should sign below. A Parent of Legal Guardian of any Camper under the Age of Eighteen is also required to sign.

I have registered for the following Roberts Wesleyan College Summer Sports Camp(s):
_____________________________________________________________________________________

As a participant in the summer camp(s) for which I have registered:

1. I understand and acknowledge that camp activities in which I participate have dangers and risks of bodily injury because of:
   i) my own actions; or
   ii) contact with other camp participants, or because of the actions of other camp participants; or
   iii) the use of equipment or facilities required for camp activities (such as playing fields, gymnasiums, swimming pools, and the equipment used in those facilities, etc.).

2. I understand and acknowledge that the camp programs for which I have registered may involve strenuous activities designed and intended to improve my physical strength, conditioning and athletic performance, and that these activities may test and stretch my physical capabilities, putting stress on my muscles, joints, bones and other body parts.

3. I understand and acknowledge that participation in camp activities could result in such injuries as strained muscles or ligaments, breaks in bones, head injuries, communicable diseases, infection, disability (either temporary or permanent), disfigurement or even more serious though rare conditions such as paralysis (either partial or more extensive) and even death.

4. I understand and acknowledge that injuries may occur because of the nature of camp activities and because of the use of equipment or facilities, in spite of the efforts of camp staff and college personnel to prevent or minimize the risk of injuries, or in spite of their efforts to maintain equipment or facilities in safe condition.

By participating in the summer camp(s) for which I am registered, I voluntarily and knowingly assume the risks described above, and fully accept all responsibility and obligation for any costs, expenses, losses, or damages suffered because of my assumption of such risks.

___________________________________  ______________________________________
Name of Camper (printed)              Birth Date /Grade (entering)

___________________________________  ______________________________
Signature of Camper                    Date signed

For all Campers who have not attained the age of eighteen (18) years, a parent of legal guardian shall read and complete the following:

On behalf of my minor child, I have read the foregoing statement and hereby acknowledge and assume the risks of my child’s participation in the summer camp program, and fully accept all responsibility and obligation for any costs, expenses, losses or damages suffered because of the assumption of such risks.

___________________________________  ______________________________
Name of Parent or Guardian (printed)   Date signed

___________________________________
Signature of Parent or Guardian