



# ROBERTS WESLEYAN UNIVERSITY

## Children/Family Participation Agreement

PLEASE READ THIS PARTICIPATION AGREEMENT FORM CAREFULLY. IT IS A LEGAL CONTRACT CONTAINING AN IMAGE/VOICE PERMISSION, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNIFICATION AND MEDICAL EMERGENCY PERMISSION, AND IT AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU OR YOUR CHILD ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THE RWU ATHLETICS SUMMER CAMP IN \_\_\_\_\_ AT THE ROBERTS WESLEYAN UNIVERSITY ATHLETIC FIELDS.

### Participation Agreement:

By signing this Participation Agreement, I agree to the following:

1. I (and/or my minor child/children) volunteer willingly to participate in the Athletics Summer Camp at Roberts Wesleyan University Athletic Field
2. I (and/or my minor child/children) will only participate in activities that safely meet skill and ability levels.
3. I understand that Roberts Wesleyan University does not provide health insurance for me (and/or my child/children).
4. I understand that I (and/or my minor child/children) will bear all financial responsibility for any medical treatment arising from participation in Athletics Summer Camp
5. I understand that the University reserves the right to require that I (or my child/children) withdraw at any time when in their sole judgment, it is not physically safe to continue participating.
6. I (and/or my minor child/children) are in good health and will inform the instructor or any health issues that may be of concern during the clinic.
7. I (and/or my minor child/children) have obtained all required immunizations set forth by the NYS Department of Education before attending this clinic.
8. I (and/or my minor child/children) will abide by the Safety Rules and Regulations

### Image/Voice Permission:

Photographs or video/audio recordings may be taken of you and/or your child/children during this clinic. Unless you request otherwise, this Participation Agreement will be considered permission for Roberts Wesleyan University to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child/children for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to using your image or voice or your child's/children's image or voice in this manner, please notify the Clinic leaders, in writing, upon submission of this Agreement.

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION

1. I understand that there are inherent dangers associated with this clinic. These dangers include but are not limited to cuts, scrapes, personal injury, or even death. I assume full responsibility for any risk of loss, property damage, or personal injury that may be sustained by me or my child/children, or any loss or damage to property owned by me or my child/children as a result of participation in the Athletic Summer Camp activities.
2. I, \_\_\_\_\_, hereby RELEASE FROM LIABILITY, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Roberts Wesleyan University, and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability,

claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of participation in the specified activities.

3. I also ASSUME THE RISKS of my participation and my child's/children's participation in the specified activities and agree to not hold the RELEASEES responsible for any loss, damage or injury, including death that occurs as a result of participation in the specified activities.
4. I further agree to INDEMNIFY AND HOLD HARMLESS the RELEASEES whether injury is caused by my or my child's/children's negligence, the negligence of the RELEASEES or the negligence of any third party.
5. I further agree that this PARTICIPATION AGREEMENT shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this PARTICIPATION AGREEMENT shall be construed in accordance with the laws of the State of New York.
6. CODE OF CONDUCT: Members of the Roberts Wesleyan Community and guests are expected to maintain standards that uphold the Mission of the University, whether expressly stated or implied. The obstruction or disruption of the Mission of the University will not be tolerated. All visitors and guests of the University are expected to exhibit integrity in their personal behavior while on campus.
7. By signing this PARTICIPATION AGREEMENT, I state that I have read, understand, and agree to the conditions set forth herein and that I sign this form freely and voluntarily.

### Participant Information

Participant's Name (please print): \_\_\_\_\_

Participant's Signature of Agreement: \_\_\_\_\_ Date: \_\_\_\_\_

If Participant is under 18 year's old, parent must sign providing permission.

On behalf of my minor child, I have read and acknowledge the risks of my child's participation in the activity listed above, and fully accept all responsibility and obligation for any costs, expenses, losses or damages suffered because of the assumption of such risks.

Parent's Name (please print): \_\_\_\_\_

Parents Signature of Agreement: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contact Information for Each Participant

**In case of an emergency, please contact:**

Contact Name (please print): \_\_\_\_\_

Participant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_