



UNION COLLEGE DEPARTMENT OF ATHLETICS

Prospective Student-Athlete Overnight Consent Form

Name _____ Sport _____

Date of Birth _____ Home # _____ Cell # _____
area code area code

Address _____ City _____ State _____ Zip _____

I understand that:

1. I am hereby waiving and releasing Union College and its trustees, officers, employees, and agents from any and all liability for any injuries incurred by my child while participating in the Prospective Student-Athlete Overnight Program.
2. I am representing to Union College that I have adequate health insurance on my child while he or she is participating in the Prospective Student-Athlete Overnight Program.
3. I will pay all costs incurred by Union College as a result of any failure by my child to respect and maintain College facilities and/or to observe College rules and regulations.
4. Any action in regard to this release or arising out of its terms and conditions and/or claims that may arise while my child is in this Prospective Student-Athlete Overnight Program shall be instituted and litigated before the Supreme Court, Third Judicial District, Schenectady County, New York State.
5. I have read this entire release, I fully understand it, and I agree to be bound by it.

Student Signature _____ date _____

Emergency Information/Treatment Consent

Parents/Guardian Names _____

Emergency phone # to use if needed _____ Cell # _____
area code area code

Allergies _____ Last Tetanus _____

Permission is hereby granted to the Union College Health Provider to proceed with any needed minor medical or first aid treatment for the above named student. In the event of serious illness or significant injury, the above named student will be transported to Ellis Hospital in Schenectady, NY for treatment.

Parent/Guardian Signature _____ date _____

This form must be with respective coach prior to overnight stay.

Union College
Department of Athletics • Alumni Gym • Schenectady, NY • 12308 • 518-388-6695 (fax)