

Union College Athletic Department Summer Academy Waiver

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY TRAINING, COMPETITION, MEETING OR TESTING SESSION. **BY SIGNING THIS FORM, THE PARTICIPANT AND PARENT/GUARDIAN AFFIRMS HAVING READ AND AGREED TO THIS STATEMENT.**

(Please Print) Participant's Name: _____ Sport Academy _____

SPONSORING ORGANIZATION: **UNION COLLEGE ATHLETIC DEPARTMENT**

IN CONSIDERATION of my son/daughter's involvement in the sport and activities under the auspices of this Union College Athletic Department sponsored event at Union College, I acknowledge, appreciate and agree that:

1. My son/daughter risks bodily injury, including paralysis, dismemberment and death. While particular rules of this sport, equipment, and personal training and discipline may reduce this risk, the risk of injury now or in the future does exist, as does the risk of damage to or loss of property.

2. I knowingly and freely assume all such risks for my son/daughter, both known and unknown, even if arising from the negligence of agents or others;

3. My son/daughter willingly agrees to comply with the stated and customary terms and conditions for participation. If, however, he/she observes an unusual or unnecessary hazard during their presence or participation, they will bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue Union College, the Union College Athletic Department or other sponsoring divisions, their officers, volunteers, staff, sponsors, and/or agents ("releasees"), with respect to any and all injury and loss arising from my son/daughter's participation, whether caused by the negligence of the agents or otherwise, except that which is the result of gross negligence or wanton misconduct.

5. I agree to outfit my child with equipment as dictated by the Union College athletic department, to allow coaches to use sound judgment in obtaining necessary medical care (at my expense), to accept any decisions made by the coaches in regards to participation and or disqualification including but not limited to behavior deemed unacceptable by the Union College athletic department, to provide transportation for my child to and from all practices and games, and acknowledge that participating in Union College's summer camp is voluntary.

Please list any medical conditions and/or illnesses of the participant:

This is to certify that I as parent/guardian with legal responsibility for this participant do acknowledge that my son/daughter is in good physical standing and is capable in participating in Union College sports academies. I also consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the releasees from any and all liability incidents to my/our minor child's involvement as stated above.

_____/_____
Parent/Guardian Name (Please Print) Date Signed

_____/_____
Parent/Guardian Signature Date Signed