

**Stetson Sports Camp**  
**Permission, Risk Acknowledgement & Liability Waiver**

Dear Parent/Guardian and Participant: Please read the following carefully, and complete accordingly. (Note, if 18 or older, participant may complete and sign)

This is to certify that the undersigned: \_\_\_\_\_, (“participant”)  
(Participant’s Name - please print)

age \_\_\_\_\_, born \_\_\_\_/\_\_\_\_/\_\_\_\_\_, has my permission, and is voluntarily attending the \_\_\_\_\_ Sports Camp (“camp”) at Stetson University and participating in related activities which may include overnight stay, pool use, and automobile transportation.

Dates of Sports Camp: \_\_\_\_\_.

**Risk Acknowledgement/ Camp Conduct:**

**I am aware** that this sports camp; and the physical activities, flexibility, and aerobic exercise associated with it, place unusual demands on the body. Due to the nature of sports programs, I understand that participation in these activities could involve risk of physical injury, and despite safety precautions, the university cannot guarantee that a camper will not be injured, as all risks cannot be prevented. Risks include but are not limited to: slips/trips/falls; impact or collision with other players, structures or sports equipment/balls; exposure to outside environment; weather conditions; overnight stay in unfamiliar surroundings; pool use and slippery areas; chlorinated water; uneven surfaces; etc. Risks could include injuries such as, but not limited to: strains/sprains, fractures, bruises, cuts/scrapes, punctures; concussion; loss of consciousness; exhaustion; heat stroke; eye injuries; spinal injuries; neck, face and head injuries; heart attack; sickness; and/or death. I acknowledge that participant is physically capable to participate in this sports camp and related activities. I also acknowledge that participant understands the importance of following rules and regulations to minimize risks, and agrees to obey all rules and instructions given by camp coaches and supervisors. Failure to comply could result in dismissal of participant from program. I also understand that I may be held responsible for any property damage costs due to the misconduct of above participant.

**Medical Coverage & Emergency Treatment Release**

**I acknowledge** that it is my responsibility to provide medical coverage, and/or provide any payments for medical costs that may arise as a result of injuries related to camp activities, including those costs that may exceed or be excluded from any applicable university accident insurance policy, which is a secondary policy. I hereby consent and give my permission that the participant may be treated for emergency medical care and first aide by a medical facility and/or camp personnel at their discretion, and release them from liability for such decisions. I certify that I have completed the medical information form as well.

**Liability Release:**

**Furthermore, in consideration of the opportunity to participate in described activities, with full knowledge and appreciation of the risks involved, and full understanding of the above issues/conditions, I hereby release and hold harmless Stetson University, Inc.,** its faculty, staff, coaches, officers, trustees, representatives, chaperones and agents from all responsibilities, claims, or demands of any nature, including injuries, damages or property loss resulting from said participation in the Stetson University Sports Camp program.

\_\_\_\_\_  
Signature of Parent/Guardian or Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian or Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Contact(s) of Parent or Guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name of Witness

Name(s) of those approved to pick up participant from camp: \_\_\_\_\_