

**PARENT AUTHORIZATION AND GENERAL RELEASE FROM LIABILITY**

I understand that the clinic/camp includes multi-faceted instructional sessions. I am fully aware that my son/daughter is participating in a hazardous sport where injuries and/or death can occur. I accept these risks and agree to hold harmless Rutgers, The State University of New Jersey, its employees, representatives and agents from all injuries that occur during my son/daughter's participation in this clinic/camp.

In the event of any injury or illness, all reasonable efforts will be made to contact the Emergency Contact listed above to obtain authorization for medical treatment beyond basic first aid. Where the Emergency Contact listed above cannot be contacted or in case of an emergency, Rutgers University will obtain the necessary medical treatment for the health of my child.

I understand that Rutgers University does not provide Medical Insurance coverage for participants of the clinic/camp. The Parent/Guardian must provide proof of Medical Insurance coverage prior to the participant's arrival at the clinic/camp. I also agree that my son/daughter is in good mental/physical health to participate in this clinic and have listed any medical conditions above.

I hereby voluntarily consent and give permission for my son/daughter to participate in the Rutgers University clinic/camp. I agree to indemnify and hold harmless Rutgers, The State University of New Jersey, its employees, representatives and agents, from any and all claims caused by my son or daughter.

THIS WAIVER HAS BEEN READ AND UNDERSTOOD AND IS SIGNED VOLUNTARILY BY ME AS THE LEGAL REPRESENTATIVE FOR THE PARTICIPANT.

PARENT OR GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_