

2017 Consent to Participate:

I agree to allow my child to participate in NYSP summer camp, and affirm that such participation is voluntary. In consideration for the privilege of my child's participation in camp, I hereby agree to the following clauses:

1. I understand that there are risks inherent in the activities my child will engage in at camp. A non-exhaustive list of particular risks includes cardiovascular stress, sprains, abrasions, dislocations, fractures, concussions, contusions, blisters, and reckless conduct of other NYSP campers. I also understand that, despite all reasonable efforts on the part of NYSP to provide instruction and safety precautions, there is no guarantee that a child will not get injured given the nature of the activities.
2. With the intention of binding myself and my child, and our respective heirs, assigns, and legal representatives, I hereby WAIVE and RELEASE any and all rights and claims for damages which I or my child may have against NYSP, the College of Physical Activity and Sport Sciences, and West Virginia University, and their respective employees and representatives for any and all injuries suffered by my child while participating in summer camp, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties.

All campers must have all required forms completed and a physical exam before they can attend and participate in NYSP summer camp. All campers are expected to follow WVU/NYSP guidelines and rules designed for their safety in participation of camp sports and activities. If children do not follow camp policies and procedures, parents will be notified and children will be sent home.

I hereby give my consent for my child to participate in all daily physical activities, field trips, and enrichment lessons scheduled as part of NYSP summer camp.

I acknowledge that I have read, had the opportunity to ask questions about, and understand that this form and the terms herein are contractual and not a mere recital.

Parent/Guardian Signature

Date

Printed Name