

Assumption of Risk for Summer Camps

SUNY New Paltz

Assumption of Risk and Insurance Policy Statement

for participation in camp and sports clinic activities at SUNY New Paltz

I understand and agree that the participation of my son/daughter in any camp or sports clinic held at the State University of New York (SUNY) at New Paltz is voluntary.

I further understand and agree that the State University of New York at New Paltz is not liable for any injury, damage, or other loss which my son/daughter may cause or incur, or may cause others to incur, while using SUNY New Paltz facilities or equipment, or while participating in any camp or clinic provided by SUNY New Paltz and/or its affiliates.

I am aware that the State University of New York at New Paltz **DOES NOT** carry insurance coverage for any injury or damage that my son/daughter might cause or incur while using SUNY New Paltz equipment or facilities.

I have insurance coverage for my son/daughter, and specifically assume responsibility for all risks, injuries, damages, or other losses that my son/daughter might cause or incur while using any equipment and/or facilities at SUNY New Paltz, or while participating in any program, exercise or activity while on the SUNY New Paltz premises.

Note: Campers who do not have this form completed by the start of the camp/clinic session will **not be permitted to participate** in any camp/clinic related activity until this form is completed and returned.

_____	_____
Camper Name	Camp/Clinic Name
_____	_____
Parent/Guardian Name	Daytime Phone Number
_____	_____
Cell Phone Number	Evening Phone
_____	_____
Insurance Policy Carrier	Policy Number
_____	_____
Parent/Guardian signature	Date