

SPORTS CLINIC/TOURNAMENT
UNIVERSITY OF ROCHESTER

STATEMENT OF RISK AND LIABILITY

In consideration for allowing _____ participate in the Sports Clinic/Tournament, I represent and affirm to the University of Rochester that:

1. I understand that participating in athletics and other Clinic/Tournament activities involves risks of injury or other harm.
2. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from Clinic/Tournament activities.
3. I will not hold the University, its employees and agents responsible for any injury or other harm that results from participation in the Clinic/Tournament.
4. I am in good health and have no physical condition that would prevent me from participation in the Clinic/Tournament.

Name of Sport Clinic/Tournament

Date(s) of Clinic/Tournament

Print Name Parent/Guardian

Signature

Date