

SPORTS CLINIC/TOURNAMENT
UNIVERSITY OF ROCHESTER

STATEMENT OF RISK AND LIABILITY

In consideration for allowing _____ to participate in the Sports Clinic/Tournament, I, as his/her parent/guardian, 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 result from participation in the Clinic/Tournament.
4. My son/daughter is in good health and has no physical condition that would prevent him/her from participation in the Clinic/Tournament.

Name of Sport Clinic/Tournament

Dates of Clinic/Tournament

Print Name Parent/Guardian

Signature

Date