

Assumption of Risk/Insurance Policy Statement for Participation in Sport Camp/Clinic Activities

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

I further understand and agree that the State of New York, State University of New York, and State University of New York at Stony Brook, its affiliates, officers, directors, employees, agents, successors and assigns are 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 Stony Brook University facilities or equipment, or while participating in any camp or clinic provided by Stony Brook University and/or its affiliates.

I am aware that State of New York, State University of New York, and State University of New York at Stony Brook DO NOT carry insurance coverage for any injury or damage that my son/daughter might cause or incur while using Stony Brook University equipment or facilities.

I have insurance coverage for and specifically assume responsibility for all risks, injuries, damages, or other losses that my son/daughter might cause or incur while using any University equipment and/or facilities at Stony Brook University, or while participating in any program, exercise or activity at Stony Brook University or on Stony Brook University 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/all camp/clinic related activity until this form is completed and returned.

Camper Name

Camp/Clinic Name

Parent/Guardian Name

Cell Phone Number

Work/Day Phone Number

Evening Phone

Insurance Policy Carrier

Policy Number

Parent/Guardian Signature

Date