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

I understand and agree that the participation of my daughter in the sports camp at Stony Brook University/ Megan Bryant Softball Camp/Clinic LLC is voluntary.

I further understand and agree that the sports camp at Stony Brook University/ Megan Bryant Softball Camp/Clinic LLC, 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 sports camp at Stony Brook University/ Megan Bryant Softball Camp/Clinic LLC, facilities or equipment, or while participating in any camp or clinic provided by sports camp at Stony Brook University/ Megan Bryant Softball Camp/Clinic LLC, facilities or equipment, or while participating in any camp or clinic provided by sports camp at Stony Brook University/ Megan Bryant Softball Camp/Clinic LLC.

I am aware that sports camp at Stony Brook University/ Megan Bryant Softball Camp/Clinic LLC, DOES NOT carry insurance coverage for any injury or damage that my son/daughter might cause or incur while using sports camp at Stony Brook University/ Megan Bryant Softball Camp/Clinic LLC, 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 equipment and/or facilities at the sports camp at Stony Brook University/ Megan Bryant Softball Camp/Clinic LLC, or while participating in any program, exercise or activity at the sports camp at Stony Brook University/ Megan Bryant Softball Camp/Clinic LLC.

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: E	Evening Phone:
Insurance Policy Carrier:	Policy Number:
Parent/Guardian Signature:	Date: