

## Camp Consent and Release Agreement

I hereby give permission for \_\_\_\_\_ [name of child] to participate in all activities of the Harvard Field Hockey Play Day run by Harvard Field Hockey and held at Berylson Family Field on Harvard University's campus. I understand that the Camp is not run by Harvard University. I agree that to participate in the Camp, I and my child will be required to observe standards of conduct. I will instruct my child to comply with the Camp's standards of conduct, both those that are provided in writing at the commencement of the Camp and those that may be issued, orally or in writing, from time to time at the discretion of the instructor. I agree that the Camp has the right to enforce its standards of behavior and may terminate my child's participation in the Camp for any conduct which the Camp considers to be incompatible with the interests, comfort and welfare of the instructor or the other children participating in the Camp.

I acknowledge that my child's participation in the Camp may involve risk of personal injury. I hereby certify that I understand the nature and extent of the risks inherent in the Camp, and the use of facilities, equipment or services in association with the Camp. On behalf of myself and my child, I hereby assume all risks related to participation in the Camp, including but not limited to accident, death, injury or illness, including personal or bodily or mental injury of any nature. I further hereby, on behalf of myself, my child and anyone claiming through myself or my child, do FOREVER RELEASE the President and Fellows of Harvard College ("Harvard") and World Camp USA, its trustees, officers, employees, volunteers, students, agents and assigns from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I, my child, or anyone claiming through myself or my child, may now or in the future have against Harvard or World Camp USA on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my child's participation in the Camp howsoever the injury is caused.

I understand that this Camp is not a medical or health care program. I have no expectation of any medical or health benefit to my child from participation in the Camp.

I certify that my child is medically able to participate in the Camp and is free from any communicable, infectious or contagious diseases.

IN CASE OF EMERGENCY such as accident or injury, I give permission to the Camp to provide assistance to procure emergency medical care in the event that I or person(s) I designate on the reverse of this form cannot be reached.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Participant's Graduation Year: \_\_\_\_\_

Participant's email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Date: \_\_\_\_\_