

**THIS FORM IS TO BE COMPLETED BY PARTICIPANTS
ATTENDING ANY KUTZTOWN UNIVERSITY
SPONSORED CAMP/CONFERENCE/CLINIC/EVENT.**

**Informed Consent Release
and
Express Assumption of Risk**

I, _____, desire to participate in _____
(Name) (Name of Summer Camp or Conference Event)
at Kutztown University on _____.
(Date of Event)

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume (on behalf of my child if participant is a minor) all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my life (or my child's life), and I choose to accept the risk involved (and allow him/her, if minor child) to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Kutztown University, Pennsylvania's State System of Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, arising from, in any manner, injuries to myself (my child) as a result of my (his/her) participation in this activity.

By my signature below, I certify that I completely understand this document.

Signature of Participant Date

Signature of Parent or Guardian (if participant is a minor) Date

Witness Date