Richard Stockton College of New Jersey  
Waiver for Participation for Persons under 18  
2012 Stockton Athletic Clinics

Please Check One:  O Softball  O Pole Vaulting  O Track & Field  O Basketball  O Crew  
   O Soccer  O Field Hockey  O Baseball  O Lacrosse  O Volleyball  O Tennis

I, ________________________________ (print name of the parent or legal guardian) of  
______________________________, (child’s full name and age) who has voluntarily  
requested permission to participate in the 2012 Richard Stockton College Athletic Clinics. I have  
familiarized myself with the program and I believe the above child is physically, medically and mentally  
capable of participating in such activity. If there are any medical or other concerns which might limit my  
child’s participation in such event, I have advised appropriate personnel of such concerns. On behalf of the  
above minor child, I am agreeing to allow their participation in this activity and use of any equipment  
associated with participation or any part thereof. I agree that should any equipment or facilities be damaged  
arising out of my child’s participation that I am financially responsible.

On behalf of the minor child and myself, I have personally and willingly assumed responsibility of all  
known and unforeseen risks that may occur arising out of their participation in this activity. On behalf of said  
minor and myself, and any of his/her heirs, assigns or successors, I hereby agree to release and hold harmless  
Richard Stockton College of New Jersey and its, officers, agents, servants, Board of Trustees, and employees  
against any damage, claim, demand, liability, judgment, loss, expense, or costs arising from participation in  
this event whether due to intentional acts or omissions or negligence of Richard Stockton College or any of  
its employees, servants or agents or those of third parties or organizations. I acknowledge and agree on  
behalf of myself, said minor and his/her heirs, assigns or successors, that I am releasing Richard Stockton  
College of New Jersey from any liabilities in law or equity, however, the liability may the arise, for any  
injuries, damages, losses or expenses to said minor or our personal property. I agree and consent that any  
disputes arising out of participation in this activity and any and all claims that I may bring against the State  
of New Jersey and the Richard Stockton College of New Jersey and their employees as a result of this  
activity shall be subject to the provisions of the laws of the State of New Jersey, particularly the New Jersey  
no other action for monetary damages or other legal or equitable relief shall be brought in any other  
jurisdiction other than the courts of the State of New Jersey.

I certify that I have read this release, I am at least 18 years of age, the legal parent or guardian  
authorized to make decisions on behalf of the above minor, and that by my signature below, I bind myself,  
said minor and his/her heirs, assigns, administrators, and executors to this agreement.

Date: _______________________  Signature:__________________________
Camper Name __________________________________________ Date of Birth __________
Address _______________________________________ Age _____ Sex _____
City and State ___________________________________________________________ Zip Code __________

IN CASE OF EMERGENCY, NOTIFY:
(Parents/Guardians should be the emergency contact however; you may list other people if parent/guardian cannot be contacted.)
1. Name __________________________________________ Relationship __________
   Phone _______________________

APPROVED FOR PARTICIPATION IN:
____ All Activities
____ Restricted Activities
Explain any medical restrictions or limitations: _________________________________________________________________
_______________________________________________________________________________________

INSURANCE: Name of Carrier _________________________________________________________________
   Policy Number ____________________________ Group # _______

PARENT’S AUTHORIZATION
I understand that the responsibility for adequate sickness and accident insurance coverage rests solely with the parent/guardian. In the event of a medical emergency, i.e., beyond basic first aid, the camper will be transported to the nearest medical facility for treatment. Based upon past experience, the medical facility will require the permission of the parent/guardian prior to treatment. If you wish the staff to make other arrangements, please state below:

_______________________________________________________________________________________

_________________________          ____________________________________________________________
Date                                                                   Signature of Parent/Guardian