

Stony Brook University

Assumption of Risk and Insurance Policy Statement for participation in camp and sports clinic activities at SUNY Stony Brook

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

I further understand and agree that Stony Brook University, the State University of New York or the State of New York is 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 SUNY, the State of New York and Stony Brook University 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 | Daytime Phone Number |
| _____ | _____ |
| Cell Phone Number | Evening Phone |
| _____ | _____ |
| Insurance Policy Carrier | Policy Number |
| _____ | _____ |
| Parent/Guardian signature | Date |