

# SUNY New Paltz

## **Assumption of Risk and Insurance Policy Statement for participation in camp and sports clinic activities at SUNY New Paltz**

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 New Paltz is voluntary.

I further understand and agree that the State University of New York at New Paltz 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 SUNY New Paltz facilities or equipment, or while participating in any camp or clinic provided by SUNY New Paltz and/or its affiliates.

I am aware that the State University of New York at New Paltz **DOES NOT** carry insurance coverage for any injury or damage that my son/daughter might cause or incur while using SUNY New Paltz equipment or facilities.

I have insurance coverage for my son/daughter, 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 SUNY New Paltz, or while participating in any program, exercise or activity while on the SUNY New Paltz 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 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