



***Statement of Informed Consent, Assumption of Risk, and Release***

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

By signing this statement, I express my desire to participate, or for my child under the age of eighteen (18) to participate, in camps/clinics sponsored by the intercollegiate athletics program at the Frederick Community College, and acknowledge and affirm the following:

I understand that participation in athletics involves inherent risks of injury, and that the nature of the risks may vary depending upon the type of activity and my own, or my child's own, physical condition and conduct. I also understand that it is not possible to specifically list all specific risks of harm, but I recognize that most activities involve risks associated with strenuous exercise, as well as risks from the use of equipment or participation in group activities. I acknowledge that I will either ask for or have been given any information that I need to determine the general risks associated with this activity.

I understand that since I, or my child, have not been required to complete a physical examination before participating in this activity that I, or my participating child, will not be eligible for on-going care, treatment, rehabilitation exercises or first aid supplies given by the Frederick Community College Athletic Training Staff. I recognize that trained medical professionals will not be present during the activity. In the event of an emergency, I authorize Frederick Community College to provide for myself or for my child such minimal first aid services as Frederick Community College deems necessary, in its discretion, until such time as emergency service responders arrive. Furthermore, it is my sole responsibility to determine whether I, or my participating child, can safely participate in this activity.

I understand that certain precautions may be advised for the particular activity. I agree to follow those precautions and to conform to all rules and policies of the athletic department, the coaching staff and any other sponsor of this activity. However, I recognize that these precautions will not eliminate the risks inherent in the activity.

As a condition of my participation, or the participation of my child, I voluntarily assume all risks of loss, damage, illness, injury, or death which I, or my child, may sustain while participating in this or any other activity involving Frederick Community College, including, but not limited to, travel, usage of any equipment, or use of facilities. I will make no claim against and release, waive, discharge, hold harmless and indemnify, on behalf of myself, on behalf of my participating child, my personal representative and my heirs, the Frederick Community College and its officers, agents, and employees for any and all claims and causes of action for any death, injury or loss, or for damages, costs, and expenses, or compensation that may occur during or result from my participation in this activity, whether arising through the negligence, omission, default, or other action of any person or event associated with this course or event, including fellow participants.

I understand that all clinic participants must have their own medical coverage.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

If the participant is under the age of eighteen (18), a custodial parent or guardian must complete the following:  
I have read and understand the above information. I give my permission for my child to participate in this course/activity and grant the same informed consent, assumption of risk, and release on behalf of myself, my child and the child's family.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**Emergency Contact Information:**

Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_