

Camps and Clinics Participation Waiver Form

Participant Name:	Date:	Participant Birthday://
Phone Number:	Email Address:	
Emergency Contact:	Relationship:	Phone Number:
Waiver of Liability	, Assumption of Risk, and	d Covenant Not to Sue
PLEASE READ BEFORE SIGNING		
discharge and covenant not to sue Iona	print name), for myself, heirs, rep College, its trustees, officers, agents	acilities, equipment, staff, and services, I, oresentatives or assigns, waive and release, s, employees, and authorized volunteers, from enses arising out of or in connection to
property damage. (print name	e of activity), including by not limite	d to any personal injury, disease or death, or
activity) that are inherent to the activi such as camps, clinics, classes, and orga illness and physical injury ranging from	ty and cannot be eliminated by lon- anized sports. These activities involve minor to catastrophic injuries, such	in (print name of a College. Iona College offers many activities, e situations and environments that may cause h as paralysis or death. I understand that Iona d that I am electing to participate despite the
	e given up substantial rights by sign	o sue in its entirety, fully understand the ing it, including my right to sue. I am signing
Participant Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	Date

Iona College Department of Athletics 715 North Avenue New Rochelle, NY 10801

(If under 18 years of age parent/guardian signature required)