

# Cornell College Summer Camps and Clinics

## ACKNOWLEDGMENT AND ASSUMPTION OF RISK and MEDICAL CONSENT FORM

I, the undersigned camp/clinic athlete, do hereby expressly and affirmatively state that I voluntarily wish to participate (camp/clinic sessions, competition and travel) in the following sport: \_\_\_\_\_ on the following date(s):\_\_\_\_\_. I realize that my participation in this activity inherently involves risk of injury, including but not limited to the following: death, neck and spinal injuries (which may result in complete or partial paralysis), brain damage, injury to internal organs, injury to the skeletal system, and injury or impairment to the body's general health and well-being. In addition, I acknowledge that injury may also result in serious impairment of future abilities to earn a living, engage in other business, social and recreational activities, and generally enjoy life. These types of injuries may result from my own actions, the actions or inactions of others, or a combination of both.

I understand that the rules and regulations are designed for the safety and protection of participants and I hereby agree to abide by the rules and regulations administered by the camp/clinic staff. I also understand that certain activities require a minimum level of fitness for safe participation.

I acknowledge that I fully understand the contents of this Acknowledgment and Assumption of Risk statement before signing the same and have had an opportunity to ask questions. All questions I have asked have been answered to my complete satisfaction. Having done so, I agree to assume any and all potential risks of these activities and agree to hold Cornell College, its officers, employees and agents harmless for liability as it relates to this activity.

I hereby grant permission to the Cornell College camp/clinic staff, team physician, athletic trainers and other medical personnel to render aid, emergency treatment, medical or surgical care, preventative care, or rehabilitative care deemed reasonably necessary to my health and well being.

\_\_\_\_\_  
Camp/Clinic Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) or Legal Guardian Signature

\_\_\_\_\_  
Date