



Cumberland University
Camps/Clinics Assumption of Risk and Release of Liability

I, the undersigned, am here to participate in the _____ (team name) camp/clinic. I am fully aware of the risks and dangers involved. I am aware that unanticipated and unexpected events occur during such activities, which may result in injury to me. I hereby assume all risks of injury that may be sustained by me in connection with said activities involved in the camp/clinic.

I hereby release and forever discharge the Cumberland University Board of Trust, its officers, agents and employees, and further covenant not to sue said Board, its officers, agents and employees in the above athletics activities, and which results from causes beyond the control of, and without the fault or negligence of, the Cumberland University Board of Regents, its officers, agents and employees. My true age is stated below. If I am under the age of 18 years, I certify that I have permission of my parents and/or guardians to participate in the stated activities and that they have full knowledge thereof.

Date

Signature

Age

Printed Name

Signature of Parent/ Guardian if student is under 18

Has Health Insurance

Uninsured