

Assumption of Risk, Release of Claims, Indemnification and Hold Harmless Agreement
Attachment A

In return for being permitted to participate in the camp offered by Coach Echeverry from _____ to _____ ("Camp"), I voluntarily accept, understand and assume the risk of injury to my son/daughter ("Attendee") from the camp activities due to the physical nature of the camp, including but not limited to falls, contact with other participants, camp employees and equipment and being injured in or around the swimming pool or by thrown, batted or kicked balls. Attendee agrees to follow all instructions and to wear all necessary, recommended and appropriate protective gear and equipment.

I understand that this camp is neither administered nor sponsored by Seton Hall University, and that Coach (if employed by Seton Hall) is providing this camp outside the scope of his/her employment with the University.

In return for being permitted to participate in the Camp offered by Coach, I waive and release forever any and all rights for claims and damages I may have against Seton Hall University, SHU Men's Soccer Camps, Echeverry Enterprises LLC, its trustees, regents, officers, agents, employees and Coach, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature, including attorneys' fees, which Attendee, may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury that may be sustained by Attendee, or to any property belonging to Attendee, whether caused by negligence or carelessness on the part of Seton Hall University, its trustees, regents, officers, employees, agents, or Coach, or otherwise, while Attendee is on University premises.

I further agree to defend, indemnify, and hold harmless Seton Hall University, SHU Men's Soccer Camps, Echeverry Enterprises LLC, its trustees, regents, officers, agents, employees and Coach from liability for injury, damage, loss or liability whatsoever caused by Attendee's negligence, gross negligence, or intentional acts or omissions in connection with the camp or use of the facilities and/or equipment of the University or under the University's control.

I have carefully read this document and understand it to release Seton Hall University, SHU Men's Soccer Camps, Echeverry Enterprises LLC, and Coach from any claims and liability resulting from Attendee's participation in the camp and to waive all claims for damages or losses against the University and Coach. I further understand that I am obligated to indemnify the University and Coach for any liability for injury or death of any person and damage to property caused by Attendee's negligent or intentional acts or omissions.

Print Name of Attendee: _____

Signature of Parents or Guardian is required, (if attendee is a minor under the age of 18)

Signature of Attendee (if over the age of 18)

Address & Telephone Number: _____



Health Form
Attachment B

Name (Last): _____ (First): _____ (M.I.): _____

Birth Date: _____ Sex: _____ Age: _____

Parent or Guardian Name: _____

Home Address (Street and Number): _____

City: _____ State: _____ Zip: _____

Phone Number: _____

If parent or guardian above is not available in an emergency, please call:

1. _____ Phone: _____

2. _____ Phone: _____

Health History (Check, giving approximate dates)

Ear Infections _____ Hay Fever _____

Ivy Poisoning _____ Asthma _____

Convulsions _____ Insect Bites _____

Diabetes _____ Penicillin _____

Behavior/ADD/ADHD _____ Other Drugs _____

Operations or Serious Injuries (Dates): _____

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

Parent Authorization

This health history is correct as best as I know, and I hereby give permission for the person herein described to engage in all prescribed camp activities, except as indicated on the second page. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected at the camp director's discretion to hospitalize, secure treatment, and order injection, anesthesia or surgery for my child.

Signature: _____ Date: _____

Restrictions/Limitations while at this camp for this camper: _____

A participant shall not be permitted to attend a particular clinic unless this health form, or a similar document with a doctor's signature is completed and returned to the appropriate clinic staff no later than the day of registration.

Doctor's Name (Print): _____

Doctor's Signature: _____ Date: _____

