



HARTWICK COLLEGE  
BINDER PHYSICAL EDUCATION CENTER  
PARENTAL CONSENT/HOLD HARMLESS AGREEMENT  
(Participants under the age of 18)

NAME OF EVENT: volleyball camp DATE(S): 8/14 + 8/15

PARTICIPANT NAME (LAST): \_\_\_\_\_ (FIRST): \_\_\_\_\_ DOB: \_\_\_\_\_

*(Please print neatly)*

PARENT/GUARDIAN NAME (LAST): \_\_\_\_\_ (FIRST): \_\_\_\_\_

*(Please print neatly)*

1. I give my permission for my child to participate in the above mentioned event being held in the Binder Physical Education Center facilities (indoor and/or outdoor) on the Hartwick College campus.
2. I am aware of the inherent dangers and risks involved in participating in this physical activity event including, but not limited to: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Additional risks include, but are not limited to:
  - a) Being hit or struck by sports equipment (e.g., bat, ball, stick, racquet).
  - b) Being hit, struck, physically challenged or collision with other event participants.
  - c) Collision with event facilities (floor, goal, backboard, ground, pool, diving board).
  - d) Immersion in water (drowning).
3. In the event of injury or illness, I give permission for my child to be treated by event emergency medical treatment personnel and/or Oneonta emergency room staff at the A.O. Fox Memorial Hospital.
4. I understand that I am required to provide medical insurance for my child. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. The absence of medical insurance coverage does not make Hartwick College responsible for payment of medical expenses. NOTE: Your child will not be allowed to participate in this program unless your medical insurance provider and policy number is provided.

Medical Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

5. I agree that Hartwick College is not responsible for personal belongings lost or stolen.
6. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Hartwick College, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this event being held on the Hartwick College campus.

7. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

Parent (please print)

Signature of Parent

**MINOR PHOTOGRAPHY RELEASE**  
**(please choose one of the following)**

I, the undersigned, do hereby give permissions to Hartwick College to use photographs/video taken of (child's name)\_\_\_\_\_ during the event being held at the Binder Physical Education Center facilities (indoor and/or outdoor) on the Hartwick College campus for general promotion purposes. I understand this child will not be identified by the College under any circumstances.

These photos will remain the property of the College and will not be provided to other users or sold for profit. I understand that I have voluntarily allowed photographs/video to be taken, and that neither I nor the child will receive payment for the photographs or for allowing the photographs to be taken.

Signature:

Date: