

**Informed Consent Release  
and  
Express Assumption of Risk**

I, \_\_\_\_\_, Parent or Guardian of \_\_\_\_\_  
(Name of Participant, Parent or Guardian) (Name of Child)

desire for \_\_\_\_\_ to participate in \_\_\_\_\_  
(Name of Participant) (A University Conference Activity/Summer Camp)

at \_\_\_\_\_  
(Name of Facility)

on \_\_\_\_\_  
(Dates and Times)

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved, and I voluntarily assume on behalf of myself or my child all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my child's or my life, and I choose to accept this risk and allow him/her/self to participate in the designated activity.

Proof of Insurance is required in order to participate in a University Conference Service activity/Summer Camp at California University of Pennsylvania. Failure to comply will result in nonparticipation of the desired activity.

Provide the name of your health/accident insurance carrier(s) and their policy numbers.

\_\_\_\_\_  
Name of carrier

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Name of carrier

\_\_\_\_\_  
Policy Number

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of California University of Pennsylvania, Pennsylvania's State System of Higher Education, the Commonwealth of Pennsylvania, and Student Association, Inc., and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining to, or arising from, in any manner, injuries to myself or my child as a result of his/her/self participation in this activity.

By my signature below, I certify that I completely understand this document.

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Witness Date