



MISSISSIPPI STATE UNIVERSITY™

UNIVERSITY RECREATION

Youth Dawgs Summer Camp

STATEMENT OF ASSUMPTION OF RISK, INFORMED CONSENT, and RELEASE OF LIABILITY

I, the undersigned participant, (or in the event the undersigned is under eighteen (18) years of age, the undersigned's parent or guardian), have actual knowledge and conscious appreciation of the particular risks involved in sports activities organized by Mississippi State University. I acknowledge that the activities I will be participating in may involve strenuous physical activity, physical interaction with other participants, travel, exposure to inclement weather and other dangers, which may result in injuries to me, ranging from minor to severe, including serious permanent disability, paralysis, or death. These types of injuries may result from my own actions, the actions or inactions of others or a combination of both.

Other specific risks that may arise from my participation in these activities may also include, but are not limited to abrasions, bruises, concussions, cuts, dehydration, dental/oral injury, dislocations, eye injury, fungal/bacterial infection, fractures, head injury, heat illness, lacerations, ligament tears, muscle strain, scratches, spinal injury, sprains, and vision loss.

I understand that participating in sports activities require a minimum level of fitness for safe participation. I warrant that I am physically able to participate and have no physical condition that would prevent my participation in this activity. I acknowledge that it is my responsibility to secure appropriate personal medical insurance and no such coverage is provided or implied by Mississippi State University.

I understand that the rules and instructions involved with this activity are designed for my safety and protection and I hereby undertake to abide by all such rules and instructions. I understand that my failure to adhere to the rules and instructions involved with this activity may result in my being removed from this and other such activities presently and permanently.

I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the laws of Mississippi and that if any portion is held to be invalid, it is agreed that the balance of the agreement shall continue in full legal force and effect.

I acknowledge that in executing this Statement of Assumption of Risk, Informed Consent and Release of Liability, I have read this statement, understand its contents, had the opportunity to ask questions about it and sign it of my own free will and choice.

Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of myself, my family, heirs and personal representatives, to assume the risks and responsibilities surrounding my participation in the Program.

Participant Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____