

East Stroudsburg University
WARRIOR SPORTS CAMPS SUMMER 2021
Informed Consent Release & Express Assumption of Risk

Warrior Sport Camp: Field Hockey Tournament

Session # and Dates: June 13, 2021

I, _____, Parent or Guardian of _____
(Name of Parent/Guardian) (Camp Participant)

Approve _____ to participate in all activities and events associated with East
(Camp Participant)
Stroudsburg University's Warrior Sports Camps.

COVID-19 Release of Liability

COVID-19, the coronavirus, has been declared a worldwide pandemic by the World Health Organization. The virus is believed to spread primarily thru person-to-person contact and that an individual can be infected with the virus without their knowledge and be asymptomatic.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my children, my family and I may be exposed to or infected by COVID-19 by participating in the (WARRIOR SPORTS CAMPS), scheduled at East Stroudsburg University and that such exposure or infection may result in personal injury, illness, permanent disability and death to myself, spouse, children, unborn child, family and friends. I understand that the risk of becoming exposed to or infected by COVID-19 at (WARRIOR SPORTS CAMPS) sports program(s), related event, or activity may result from the actions, omissions, or negligence of myself and others, including but not limited to (WARRIOR SPORTS CAMPS) employees, volunteers, officers, coaches, sponsors, supervisors and representatives. I UNDERSTAND AND VOLUNTARILY ACCEPT AND ASSUME ALL THE FORGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY OR ILLNESS THAT MAY OCCUR. I hereby release, covenant not to sue, discharge, and hold harmless East Stroudsburg University, its employees, volunteers, officers, coaches, sponsors, supervisors and representatives, of and from any claims, liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of (WARRIOR SPORT DAY CAMP) , its employees, agents and representatives whether a COVID-19 infection occurs before, during, or after participation in any (WARRIOR SPORTS CAMPS) programs.

Warrior Sports Camps Participation:

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume (on behalf of my child if participant is a minor) 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 life, and I choose to accept the risk involved (and allow him/her, if minor child) to participate in the designated activity. In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of East Stroudsburg University, Pennsylvania's State System of Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, arising from, in any manner, injuries to my child as

