



HOFSTRA SUMMER CAMPS

A choice that can change your child's life!



HOFSTRA UNIVERSITY ADVENTURE EDUCATION CAMP APPLICATION INFORMATION FORM AND RELEASE OF LIABILITY

Hofstra University's Adventure Education programs (hereinafter referred to as "Adventure Education") involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements and other rigorous physical adventure activities. The level of the participation in Adventure Education program activity is at all times completely up to the individual's choice, however, there is a risk, which must be assumed by each participant, that he/she may suffer an emotional or physical injury.

Every participant in Adventure Education must have health/accident insurance coverage. In addition, any health/medical condition that may affect your ability to participate in Adventure Education must be disclosed to the instructor(s) conducting the programs prior to participation. This information will be kept confidential. Please complete the form below and return it to Adventure Education prior to participation.

Applicant Information

1. Name: _____ Social Security # _____

2. Do you have health/accident insurance? _____ NO _____ YES

If yes, name and address of _____

3. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? _____ NO _____ YES

If yes, identify and explain: _____

4. Are you currently taking medication (prescription or otherwise)? _____ NO _____ YES

If yes, state what you are taking and what condition it is for _____

5. Do you have any allergies, reactions to medications, any other medical limitations? _____ NO _____ YES

If yes, identify and explain: _____

Please complete both sides of this form.

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship to you: _____

Phone number(s): (____) _____ (____) _____

Address: _____

RELEASE OF LIABILITY:

I understand that portions of the Adventure Education program may be physically or emotionally demanding. I affirm that my physical and mental health is good and that I am not under a physician's or mental health professional's care for any undisclosed condition that bears upon my fitness to participate in Adventure Education activities. I recognize the inherent risk of injury, disability or death in Adventure Education activities. I understand that each participant must assume the risk of injury or death that could result from any of these activities. I agree that my participation in the Adventure Education program is entirely voluntary. In consideration for participation in Adventure Education course or workshop, I agree, on behalf of myself, my heirs, representatives, assigns, executors and administrators to release, indemnify and hold harmless HOFSTRA UNIVERSITY its trustees, directors, officers, employees, representatives and agents from any cause, action, loss, claim or demand of any nature whatsoever, damages, expenses (including attorney's fees, witness fees and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of myself and/or any other person or damage to or loss of any property arising out of my participation in Adventure Education.

I understand that I am required to provide my own Accident and Medical Insurance, and I hereby state and agree that I am and will be financially responsible for all such expenses whatsoever. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment which may become necessary, and I release HOFSTRA UNIVERSITY, its trustees, directors, officers, employees, representatives and agents from any liability concerning providing or making arrangements for such care.

I have read and understand the terms of this agreement and Release and agree to all terms and conditions on behalf of myself, my heirs, representatives, assigns, executors or administrators. I hereby certify by my signature that I am physically fit and mentally able to participate in this Adventure Education program. Consistent herewith, I assume responsibility for my own physical fitness and capability to participate in the course or workshop and have taken such steps as I deem appropriate to assure myself that I am fit and capable of such participation.

I further state that I am cognizant of the inherent dangers of participation and the risks associated with this program. I state that I am of lawful age and legally competent to sign this agreement and Release; that I understand the terms herein are contractual and not mere recital, and that I have signed this document as my own free act.

Participant _____ Date of Birth _____ Date _____
(Signature)

Participant _____ Witness _____ Date _____
(Print name)

If participant is under 18 years of age:
Parent or Guardian _____ Date _____
(Signature)

NOTE: THIS DOCUMENT MAY AFFECT YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY.

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Any questions, please call us at (516) 463-CAMP.