

FSA of TC3 Sports Clinics

PARENTAL PERMISSION – HOLD HARMLESS AGREEMENT

Campers WILL NOT BE ALLOWED TO PARTICIPATE until this form is received!

CAMPER NAME (LAST): _____ (FIRST): _____
(Please print neatly)

CAMPER(S) ENROLLED IN: _____

1. I give permission for my child to go swimming in the TC3 swimming pool. N/A (initial if permitting)
2. I am aware of the inherent dangers and risks involved in Sports Camps 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 not limited to:
 - (a) Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet).
 - (b) Being hit, struck, physically challenged or collision with other School participants.
 - (c) Collision with camp facilities (floor, goal, backboard, ground, pool, diving board, mat).
 - (d) Immersion in the water (drowning).
3. In the event of an injury or illness, I give permission for my child to be treated by the FSA of TC3 Sports Camp medical staff, FSA of TC3 Health Services staff, and Ithaca emergency room staff at the Cayuga Medical Center or Convenient Care Center. I also give permission for the medical staff to administer any medications as indicated on his/her medical form.
4. I understand that the FSA of TC3 does not provide any accident or medical insurance and that I am required to provide it for my child, and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.
NOTE: Your child will not be allowed to participate in our camps unless your medical insurance provider and policy number is provided below.
5. Medical Insurance Provider: _____ Policy no. _____
6. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, FSA of TC3, Tompkins Cortland Community 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 program except those things caused by the sole negligence of the FSA of TC3.
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 or Guardian (please print)

Signature of Parent or Guardian

Date

Mail to: TC3 Athletics Department, 170 North Street, PO Box 139, Dryden, NY 13053
FAX to 607.844.6536