



GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

Michigan State University is a public educational institution. References to the University include its Board of Trustees, employees, volunteers, and students.

I, _____, parent or legal guardian, consent to allow my daughter, _____, to participate in the

GIRLS GET GOING SPORTS CLINIC, on Saturday, April 18, 2009.

In consideration of my daughter's participation in this Program, I agree with the following statement:

I recognize that there are inherent risks in participating in the following sport activities: flag football, soccer, volleyball, golf and self defense/martial arts that cannot be eliminated even when the greatest care is taken, and that participation in the Program could lead to untoward consequences which are not anticipated.

I understand that participation in this Program is voluntary and my daughter may withdraw at any time. I understand that participation may or may not actually benefit my daughter or me.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor regarding any personal medical needs. There are no health-related reasons or concerns that preclude or restrict my daughter's participation in this Program, except as stated here:

In case of medical emergency occurring during my daughter's participation in this Program, I authorize, in advance, the University to secure whatever treatment is deemed necessary. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances for my daughter's health and safety. I agree to pay all expenses for such medical treatment and I release the University from any liability.

ASSUMPTION OF RISK AND RELEASE FOR LIABILITY: Knowing that participation in the Program entails some risks, and in consideration of being permitted to participate in the Program, I agree to release the University from any and all costs, claims, injury or illness resulting from my daughter's participation in the Program, other than for the University's intentional misconduct or gross negligence.

Promotion: I understand that pictures of participants may be taken and used for future publicity and promotional purposes.

I accept the Program rules and regulations. I have been advised that I should look to my own insurance policy in case of injury. I have read and fully understand this document. All blank spaces were filled in and/or sections crossed out prior to my signing below.

Signature of Parent or Guardian

Date