SYRACUSE UNIVERSITY
Summer College 2015

Consent and Assumption of Risk

I/we, being the custodial parent(s) and/or guardian(s) of ______________________ (the “Participant”), consent to the Participant’s participation in Syracuse University Summer College and its programs from Friday, July 3, 2015 through Saturday, August 15, 2015.

In giving this consent, I/we understand and acknowledge the following:
1. The Participant is expected to participate in the program in a manner that will enhance the learning experience for all participants in the program.
2. I/we have reviewed the Syracuse University Summer College program, its environment, the facilities in which the program will be conducted, the general curriculum and activities, and the rules, regulations, and restrictions applicable to the program.
3. The Participant is expected to follow the rules established for all participants, to follow the instructions and direction of the faculty and other staff, and to abide by all policies, procedures, rules, regulations and restrictions applicable to participants in the program.
4. I/we understand that in the event of injury or illness I/we must personally accept responsibility for the full amount of resulting medical and other expenses, and that the University will have no responsibility for such expenses.
5. I/we must inform the University on the Health Form of what medical insurance coverage is available for the Participant and other pertinent information that will enable and authorize the University to contact me/us and to secure emergency medical treatment for the Participant, should the need arise.
6. I/we authorize to have my son or daughter released to the Syracuse University Summer College Staff once they are ready to be discharged from the medical treatment facility or hospital.
7. I/we recognized that participation in the Program involves a risk of bodily injury, including disability, death, and/or damage to personal property. These risks can come from causes which are many and varied, may not be presently foreseeable, and may include negligent or intentional acts or omissions of others. I/we acknowledge, accept and assume all risk of bodily injury, including death, and damage to property which may arise out of the Participant’s participation in the Program.
8. I/we have read, understand, and agree to abide by the terms of this Agreement. I/we understand and agree that this Agreement is to be as broad and inclusive as is permitted by the laws of the State of New York, and that if any portion of this Agreement is held invalid, the remaining terms shall continue in full force and effect.

The Participant’s custodial parent or parents, and/or his/her legal guardian or guardians, must each sign below. The signature of a parent or guardian shall constitute (a) the parent or guardian’s agreement to the terms of this Consent and Assumption of Risk on behalf of themselves and the Participant.

____________________________  ______________________________  ______________________
Parent/Guardian Name (print)  Parent/Guardian Signature  Date

____________________________  ______________________________  ______________________
Parent/Guardian Name (print)  Parent/Guardian Signature  Date

Please print this page, sign, and return to:  Summer College, 700 University Ave., Syracuse, NY 13244
OR
Fax to 315-443-4410  /  Scan and email to sumcoll@syr.edu

Updated 04/01/15