University of Massachusetts Lowell Sports Clinic
Waiver and Release Form

Name of Clinic_____ **Date of Clinic**_____

Participant Information

Participant's Name _____ Date of Birth _____
Permanent Address _____ Phone #1 _____
City, State, Zip _____ Phone # 2 _____
E-Mail _____

Medical Emergency Contact Information

Primary Contact:
Name _____
Relation to Participant _____
Phone #1 _____
Phone #2 _____

Secondary Contact:
Name _____
Relation to Participant _____
Phone #1 _____
Phone #2 _____

Insurance Information: _____
Company ***Policy #***

The named participant above has my permission to participate in the above designated sports clinic. In case of emergency, I understand that every attempt will be made to contact the emergency contact listed above. If contact is unsuccessful, I give permission for the certified athletic trainer on duty to render medical treatment to the participant, including (if necessary) hospitalization. Any expense incurred is the responsibility of the person signing below.

The undersigned being a parent or legal guardian of the child requesting admittance, does hereby affirm that the participant is in good health, and suffers from no illness or disability that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participant in vigorous physical activity.

I understand that, as a condition of admittance as a participant, the undersigned, on behalf of all parents and guardians, and on behalf of the participant, hereby release the sports clinic, the University of Massachusetts Lowell Athletic Department, <clinic director> and all other employees or agents of the clinic from any liability from any loss or damage of personal property, injury or illness, mental or physical suffered by the participant during or related to the clinic.

Parent/Guardian Signature: _____
Date: _____