



Southern Connecticut State University (SCSU)

501 Crescent Street New Haven, Connecticut 06515

Institute for Adapted Sports and Recreation and Recreation Therapy Clinic

SCSU 493 Fitch Street New Haven, Connecticut 06515

Authorization and Release

Southern Connecticut State University's Institute for Adapted Sports and Recreation and Recreation Therapy Clinic provides opportunities for students in the Sports Management and Therapeutic Recreation programs. We are a teaching facility and information acquired during programs and sessions will be used for teaching purposes only. Every attempt is made to maintain the confidentiality of all participants involved.

Please read the following and initial in the spaces provided in agreement:

I give permission to SCSU, the Institute for Adapted Sports and Recreation, and the Recreation Therapy Clinic to make customary recommendations, and discussions during classes pertaining to the programs only by the facilitator and students for learning and programming purposes only. All information will be kept between facilitator and students only.

In recognition and understanding of the responsibilities, hazards, and dangers inherent in participation in activities of the Institute for Adapted Sports and Recreation and the Recreation Therapy Clinic

I _____ (**Name of participant/legal guardian – please type in first and last name**) and/or we the parent's / guardian of _____ (**Please type in first and last name of participant**) hereby:

Please read each section carefully and initial if agree to:

Agree that I /we have read and or listened to and understand the written or verbal information provided to me related to the Institute for Adapted Sports and Recreation and Recreation Therapy Clinic and activities in which I or /we will be participating in.

Agree that we acknowledge and fully understand that I and or the participants will be engaging in activities that involved risk and/or serious injury, including permanent disability, death, and property damages. Further, I / we understand that there may be unknown risks not reasonably foreseeable at the time of the program.

Assume all the foregoing risks and accept personal responsibility for any damages following such injury, permanent disability, death, or property damage.

On behalf of myself, my spouse, children and / or heirs, I agree to release, discharge, hold harmless, and covenant not to sue the Southern Connecticut State University, the Institute for Adapted Sports, The Recreation Therapy Clinic, and it's staff and facilitators, trustees, coaches, officers, agents, volunteers, and employees from and against

all claims, demands, actions, and causes of action for damages which I and/or the minor participant may sustain or incur due to personal injury, illness, property damage, loss of death arising from participation in the activity, whether or not the result of negligent acts or omissions on the part of the Institute for Adapted Sports and Recreation, the Recreation Therapy Clinic, and Southern Connecticut State University.

Indemnify and hold harmless the Institute for Adapted Sports and Recreation, the Recreation Therapy Clinic, and Southern Connecticut State University, the University System of Connecticut, and their trustees, officers, agents, coaches, volunteers, and employees for any personal injury, illness, property damage, loss of death sustained by any third party arising from my and or the minor participant's involvement in the activity.

If my and or minor participant's involvement in the activity causes damage to the property of Southern Connecticut State University, we further agree to indemnify the University for such loss.

The above agreement applies to the following Institute for Adapted Sports and Recreation or Recreation Therapy clinic program or activity.

I/we have read the above release agreement, understand that I/we have given up the substantial rights by signing it, have not changed it orally, and sign it voluntarily.

Participant Name: _____

Participant Signature/Legal Guardian signature: _____

Date signed: _____