INFORMED CONSENT

I (please print name), ______ will be participating in the Annual Biology Chair Cup Soccer Tournament on Thursday, May 16, 2019. This event is being sponsored by the Department of Biology at Rutgers University–Camden. I recognize and acknowledge:

- That I am physically able to participate in the activity and know of no disability that would prevent my participation;
- That at the event, or while on the way to the event (via personal, public, university-sponsored transportation, etc.), there are risks of bodily injury and/or property damage caused by or resulting from weather conditions, trips, falls, accidents, etc.;
- That while traveling I should carry appropriate copies of photo identification and health insurance identification;
- That my participation in this event is voluntary and is neither required nor is it part of any course or curriculum requirement;
- That I am solely responsible for my personal property;
- That in the event that a need for emergency medical services arises, I authorize and consent to such services being provided and assume the cost thereof;
- That I understand that as a participant I am expected to follow all state and federal regulations, especially regarding the use of alcohol and other substances;
- That I will act accordingly serving as a representative of Rutgers University–Camden and I understand that I am expected to abide by the Rutgers University Student Code of Conduct;
- The aforesaid list of hazards, risks and notices is not intended to be all-inclusive. Notwithstanding the aforesaid, I, for myself, my heirs and assignees do waive, release and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees and agents from and against all claims for bodily injury, death or property damage, arising in any manner out of my presence or activities in connection with this event. Furthermore, the undersigned student/faculty/staff member/alumni/guest of the university acknowledges that the risks outlined above are not intended to be all-inclusive and voluntarily accepts all risks known or unknown.

Participant's/Guardian's Name (Print)		
Participant's signature	Date	
Emergency Contact's Name	Contact's Phone Number	
Please Print the Name of Anyone Under the A	Age of 18 Here	