



SAINT LOUIS
UNIVERSITY

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Campus Recreation

Informed Consent and Assumption of Risk and Release Agreement

I am aware of my child's participation in Campus Recreation activities at Saint Louis University. I understand that there is a risk of injury involved any time a child participates in sports or recreation activities such as those taking place at Campus Recreation. I also understand that Campus Recreation staff reserve the right to remove my child(ren) from activity in the building due to behavioral issues that could arise. With knowledge of such risk and in consideration of my child(ren) being permitted to participate, I agree to waive, release & discharge SLU, its employees/agents, from all claims, demands or actions of any kind or nature which may be brought by user or anyone who might make a claim on user's behalf arising out of user's activities & use of any services, equipment, machinery or apparatus provided by SLU and NOTWITHSTANDING THE NEGLIGENCE OF SLU, ITS TRUSTEES, OFFICERS, EMPLOYEES OR AGENTS. User is responsible for becoming familiar with all Campus Recreation policies. Noncompliance may result in the suspension of privileges at Campus Recreation Facilities. I also authorize Saint Louis University and its agents to request emergency medical treatment or care as necessary to insure the well-being of my child(ren). Further, I claim that he/she they is/are in good health and are able to participate in all Simon Recreation Center activities.

Child(ren) Name (Printed Clearly)

Parent/Guardian Name (Printed Clearly)

Date

Parent/Guardian Signature

Use portion below if applicable

I will allow _____ to sponsor my child(ren) as a guest to Campus Recreation Facilities at Saint Louis University. They will assume supervision and care taking of my child(ren) on this visit.

Parent/Guardian Name (Printed Clearly)

Date

Parent/Guardian Signature

Sponsor Name (Printed Clearly)

Date

Sponsor Signature