Student Organization
Physical Activity Acknowledgement of Risk & Hold Harmless

Club Name: _____

This document relates to participation in the following event or activity:

_____

_____

Each person signing below acknowledges that the event or activity above carries with it the risk of personal injury to me or damage to my property. By signing you assume responsibility for my capability to participate and release the college from responsibility.

NAME	SIGNATURE	DATE	AGE

THIS FORM MUST BE COMPLETED AT YOUR EVENT & RETURNED TO THE OFFICE OF CAMPUS LIFE WITHIN 2 DAYS.

If there are any questions, please contact the Office of Campus Life
Email: campuslife@sjfc.edu | Phone #: (585) 385-8005