

2009 ARETE SWIM CAMP  
At Rutgers University

RELEASE AND INDEMNIFICATION AGREEMENT

Participant information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of activity: P  
Participation Arete Swim Camp

Please circle: Session 1 June 15- June 19, 2008      Session 2 June 22-29, 2008

Location: Rutgers University, Sonny Werblin Recreation Center

I am the Parent/Legal Guardian of the above named Participant who is under the age of eighteen years old and am fully competent to sign this agreement. In consideration of Participant being permitted to participate in the Activity and to use the program' facilities and equipment, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and hereby release the above named institution , its governing board, officers, employees and representatives from any and all liability to Participant, Participants' personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to Participants property and for any and all illness or injury to Participant's person, including his/her death, that may result from or during Participant's participation in the Activity, whether caused by negligence of the Institution, its  governing board, officers, employees, and representatives from liability for the death or injury of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I also understand that the Arete Swim Camp retains the right to use for publicity and advertising purposes photographs of Participant taken at Camp.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OFF ALL CLAIMS AND CUASES OF ACTION FOR PARTICIPANTS INJURY OR DEATH OR DAMAGE TO PARTICIPANTS PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMES FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Address (if different than Participant above)

\_\_\_\_\_

Signature of Witness

Date Signed