

MINOR PARTICIPANT WAIVER AND NOTICE OF RISK

Camp Name:	
Start & End Dates	
Participant's Name	
Parent or Legal Guardian Name	

The University of New Mexico (“UNM”) offers youth camp programs through the _____ . A description of all youth camps, including the Participant’s chosen camp is available online at _____ .

As Participant’s parent or legal guardian, I understand and acknowledge that certain risks are inherent to participating in recreational activities and youth camps, due to one’s own actions, the actions of others or a combination of both. These risks may result in illness, injury, minor or serious, as well as damage to personal property. If I have any specific questions about Participant’s safety or the risks associated with Participant’s chosen camp, I understand that I should speak to the _____ staff.

In addition to the inherent risks associated with recreational activities and youth camps, there are also local, state and federal emergency declaration related to COVID-19. As a participant in a minors on campus program, I understand that there is an increased risk for spread of contagion. As such, I understand that I am also required to read and agree to follow our “Bring Back the Pack” guidelines, which can be found at: <https://bringbackthepack.unm.edu/>

Knowing the risks and in consideration of being permitted to participate in the above named camp, I do agree to assume all risks of illness, personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of my child’s participation in the youth camp. I also, hereby release, waive, indemnify, hold harmless and discharge UNM, its Board of Regents, its officers, employees or agents, from any and all claims, damages, and injuries arising out of my child’s activities, including the use of equipment and facilities provided by UNM.

I further understand that UNM does not provide health insurance for individuals participating in youth camps. As such, either I or my personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the youth camp.

By signing this form, I am stating that I have read this waiver and notice of risk, fully understand its terms and understand that it affects my legal rights and how it affects those legal rights. I am signing this waiver and notice of risk knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extent of the law.

Print Participant’s Name Date

Print Parent/Legal Guardian’s Name Date Parent/Legal Guardian’s Signature