



**Release and Disclaimer Form for Employees, Volunteers, Camp Officials,  
Campers  
at camps held at New Paltz College**

Please provide, and print, the following information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name of Camp: Earn Your Stripes Officiating LLC Camp Dates: 7/15/2016 to 7/17/2016

I hereby waive and release any and all manner of actions, and demands of every kind, nature, and description, arising from any release of criminal records and requests there from whatsoever against the State of New York, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

I hold harmless the Earn Your Stripes Officiating LLC, staff and director, Vincent A. Sceri, as well as all New Paltz College coaching staff and their assistants from personal injury and damages as per my voluntary participation in the officiating camp, which involves both physical and athletic activities.

I assume responsibility for my physical conditioning and choice to participate in this program and know of no personal medical condition that would jeopardize my health or the health of others by such participation. I attest to the fact that I have my own medical coverage and insurance and that it is in force during the time of this camp should I succumb to any bodily injury or other medical concern.

\_\_\_\_\_  
Signature of Applicant and Date