



WAIVER AND ASSUMPTION OF RISK (Individuals under 18 years of age)

Our son or daughter \_\_\_\_\_ hereby elects to take part in fitness activities at the Pottruck Center at the University of Pennsylvania. We acknowledge that this is an extracurricular activity in which our son/daughter is participating voluntarily and understand that there may be some risks in connection with the activity itself and/or the transportation to and from the activity. In consideration of our son/daughter being permitted to participate in the activity, we hereby assume all these risks and waive any possible claim that we and/or our son/daughter might have against the University of Pennsylvania, its trustees, employees, agents, students, or volunteers in conjunction with our participation in their activity.

I further acknowledge that the above individual is covered by health insurance, the particulars of which are described below.

Health Insurance Carrier:

Group/Policy Numbers:

PARENT'S/ GUARDIAN'S PRINTED NAME:

PARENT'S/ GUARDIAN'S SIGNATURE:

PROGRAM:

DATE: