[INSERT CAMP/LESSON NAME]

WAIVER AND CONSENT FORM

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ [INSERT NAME OF PARTICIPANT] ("Participant"). I hereby give permission to _____ [INSERT NAME OF CAMP] ("Camp") and the Camp's staff to seek and provide appropriate medical attention for Participant during the period of the Camp in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment.

I understand that [INSERT SPORT] is an active, physical, potentially dangerous activity and that injuries can often occur during participation at Camp. I also understand that there may be more campers than staff at the Camp, and that Participant cannot always receive individualized attention or individualized supervision. I hereby acknowledge that Participant is physically fit and mentally capable of participation in practices, games, and all other Camp activities.

I hereby acknowledge and understand that Camp is a privately-run sports camp and is not operated by or through [NAME OF UNIVERSITY], but rather is under the sole sponsorship, control, and supervision of _____ [INSERT NAME OF DIRECTOR] ("Camp Director"). I hereby waive, release, and forever discharge Camp, Camp Director, [NAME OF UNIVERSITY] and their respective staff, officers, agents, employees, representatives, successors, and assigns from any and all liability for claims, demands, actions, or causes of action whatsoever arising out of or relating to any loss, personal injury, or property damages that may be sustained or occur during Participant's participation in camp activities or while at Camp.

I hereby give the Camp, its legal representatives and assigns, the absolute right and permission to copyright and use, re-use and distribute visual and audio representations of Participant or in which Participant may be included, in whole or in part, for any purpose whatsoever, including but not limited to Camp advertising and publicity. I hereby waive any right to inspect or approve the finished product(s) or printed matter that may be used in connection therewith.

My signature below indicates that I have provided true information and have read, understand, and agree to all statements on this entire form and on any other form required by the Camp.

X_____ _____ _____
Parent/Guardian Signature Date Printed name

X_____ _____ _____
Parent/Guardian Signature Date Printed name

EMERGENCY CONTACT INFORMATION

Home Phone #: ( ) _____ Work Phone #: ( ) _____

Emergency Phone #: ( ) _____ Contact Name: _____

Cell Phone #: ( ) _____ Contact Name: _____