



Medical Release Form

Complete and return this form with the camp application

Consent to Medical Treatment and Release of Liability

(Read this before signing below)

In consideration of being allowed to participate in the camp, related events and activities, I hereby release, waive, discharge and covenant not to sue Florida Gulf Coast University, the Board of Regents of the State of Florida, the State of Florida and their officers, servants, or employees, Rollins Swim Camps LLC, this camp, its directors, employees and volunteers (hereinafter referred to as release) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, whether caused by the negligence or the releasee, or otherwise, while participating in the camp, or while in, on or upon the premises where the camp is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with camp activities. I am fully aware of risks and hazards connected with the camp. I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that may be sustained by me/my child as a result of being engaged in the camp's activities, whether caused by the negligence of the releasee or otherwise. I further here-by agree to indemnify and hold harmless the releasee from any loss, liability, damage, or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in this camp, whether caused by the negligence of the releasee or otherwise.

During the period of the camp, I hereby give permission for the staff of Florida Gulf Coast University, Rollins Swim Camps LLC or this camp to administer appropriate medical attention to me/my child in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.



It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the member of my family and my spouse, if I am alive, and my heirs, assigns and personal representative if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above named releasee. I hereby further agree that his waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Parent/Guardian	Date Signed
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Campers Name (Print)	
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Medical Insurance Company Name	
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Policy Number	Group Number
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Insurance Company Phone Number	Insured's Name
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