



SUMMER CAMP

Medical Release and Liability Form

I understand that there are risks involved with my child's participation in an Averett University summer camp ("program"). I hereby authorize the directors of the Averett University summer camp ("program") to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the directors and staff of the Averett University summer camp ("program") from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in this clinic.

I hereby approve of my child's participation in the Averett University summer camp ("program"). My child is in excellent health and capable of strenuous physical activity and may participate in all clinic activities.

My child is currently covered by medical insurance and I understand that I am responsible for any fees due to injuries resulting from and in connection with Averett University summer camp ("program").

Insurance Information

All participants must have insurance in the event of an injury or illness while attending an Averett University summer camp ("program"). Please complete the following information

Participants Name: _____

Insurance Company Name: _____

Policy Number: _____

Policy Holders Name: _____

Relationship to player: _____

Emergency Contact

Name: _____

Relationship to player: _____

Phone: _____

I acknowledge and accept the conditions above with my signature below and I hereby give permission for emergency medical treatment in the event that I cannot be reached.

Signature: _____ Date: ____/____/____