



Camp/Clinic Waiver Form

Thanks so much for registering for a University of Richmond Spiders Sports Camp! Please read this document carefully, print and sign. Signed forms will be collected the first day of camp at check-in.

Participant Name: _____

Camp Attending: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

By signing below, you represent, warrant and agree to the following:

- I am the parent or legal guardian of the child being registered for camp.
- I understand that it is my responsibility to ensure that my child is healthy and has no medical or other condition that would preclude his/her participation in the camp.
- I understand that I am responsible for supplying and arranging for the administration of any medication that my child may require during camp activities.
- My child is covered by a health insurance plan or commensurate governmental health benefit plan and, upon request of the University of Richmond, I will provide evidence of such coverage.
- I hereby authorize the University of Richmond, its employees, agents and camp staff to render first aid and to arrange for the provision of or to provide urgent or emergent medical care to my child during camp activities in the event I cannot be contacted prior to the time such care is furnished.
- I agree that any expense for such medical care is my responsibility.
- I hereby personally assume any and all risks associated with my child's participation in camp.

Signature: _____

Date: _____