

Marci Jenkins Volleyball Camps

WAIVER AND RELEASE

We, the undersigned, for ourselves, our heirs, executors and administrators Waiver, release and forever discharge the Camp, its staff, Radford University, officers, agents, representatives, employees, successors and assigns of and from any and all rights and claims for dangers resulting from injury to person or property which may be sustained or occur during participation in camp activities, or arising from traveling to and from the camp, whether said damages, injury or loss is due to negligence or not.

SKILLS CAMP MEDICAL RELEASE FORM

I/We hereby grant permission to said high school, its designated medical personnel to render aid, treatment and medical care deemed reasonably necessary to the health and well-being and I additionally grant, when necessary for protecting the health and well being of:

(Name of Camper): _____ has permission for hospitalization, treatment or surgery at a competent and/or accredited facility.

Camper's Date of Birth: _____

Home Phone Number: _____

Cell Phone Number: _____

Home Address: _____

City, State, Zip: _____

Email: _____

Parent / Guardian Name: _____

Phone Number: _____

Medical Insurance Provider: _____

Policy Number: _____

Emergency Contact other than Parent / Guardian: _____

Phone Number: _____

CAMPER INFORMATION

Allergies: _____

Is the camper on any medication(s)? _____

Does the camper have any restrictive physical limitations? _____

Parent / Guardian Signature Date: _____