

2024 Reuben Burk Coaching LLC Camps Waiver

I, _____, as parent/guardian of camper _____, understand and agree that REUBEN BURK COACHING LLC does not provide medical insurance covering injuries of any nature during the camps, which run from February 18, 2024 through August 10, 2024. The undersigned hereby releases REUBEN BURK COACHING LLC, its successors, officers, agents, and employees from any and all claims, demands and causes of actions resulting from participation in REUBEN BURK COACHING LLC Prospect ID Camps. I hereby authorize the directors of REUBEN BURK COACHING LLC to act within their best judgment in case of an emergency requiring medical attention. Further, I agree to indemnify, defend and hold harmless Connecticut College, Connecticut College Soccer Camps, and REUBEN BURK COACHING LLC from any and all claims, demands and causes of action that arise from any negligent acts, conduct or omissions attributable to participation in the REUBEN BURK COACHING LLC Prospect ID Camps.

Signature of parent/guardian: _____

Name of camper: _____

Insurance Carrier: _____

Policy Number: _____