

All campers must have their own medical coverage. Campers will not be allowed to participate unless the following information is submitted and a medical card is on file with the camp director.

First Name: _____ Last Name: _____

Camper's Insurance Company:

Camper's Insurance Policy #:

Please list any pre-existing medical conditions that might affect the camper's ability to perform at the camp:

I hereby authorize the staff of the Brandon Skweres Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive, release, absolve, indemnify and agree to hold harmless the Brandon Skweres Volleyball Camp, its staff, suppliers, sponsors, participants, and Limestone College for any and all liability for injuries or illnesses incurred while at camp. I acknowledge that participation in this camp may result in accidents and/or injuries. I agree to assume all costs related to such treatment. Even though I know there are risks involved, I still give my approval for the above named player to participate in any and all camp activities and I expressly assume all risks and hazards incidental to such participation. I have no knowledge of any physical impairment that would be affected by the camper's participation in this program.

Parent or Guardian's Signature:

Please Print Name: _____

Please scan and email a copy of the camper's medical insurance card to:

bskweres@limestone.edu

Should you like to mail a copy of your insurance card, please send it to the following:

Brandon Skweres Volleyball Camp

Limestone College

1115 College Drive, Gaffney, SC 29340

INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISKS

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced camp (hereafter "Camp") on the date(s) and location indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Camp there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Camp. Therefore I, on behalf of my Child, voluntarily accept and assume all responsibility for and risk of such personal injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Camp.

I, on behalf of my Child, family, heirs, executors, administrators, and assigns waive, release, and forever discharge Limestone College and its Board of Trustees, officers, employees, agent, and the Brandon Skweres Volleyball Camp Staff (hereafter "Limestone") from any and all liabilities, damages, demands, claims, losses, cost (including attorney's fees) that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless Limestone from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Camp. I understand that Limestone accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby give my full consent for emergency medical treatment to be administered to my Child and/or transfer of my Child to a medical treatment facility. I also release all such personnel from any claim whatsoever on account of first aid or service rendered to my Child during participation in the Camp. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Camp.

I have read and fully understand the entire RELEASE AND WAIVER OF LIABILITY, including the paragraph relating to no known health problems or conditions and my consent to emergency treatment. In consideration of my child's participation in the event listed above, I do hereby agree to assume all the risks and responsibilities surrounding such participation and do hereby also for and on behalf of myself, my minor child, my heirs, executors, administrators and assigns waive, release and forever discharge Limestone College, its Board of Trustees, officers, employees, and agents from any and all liabilities, demands, claims, damages, losses, costs

(including attorney's fees), actions and causes of action arising out of my child's participation in this event.

Parent's/Legal Guardian's Signature

Date

Parent's/Legal Guardian's Signature (Please Print)

Parent's/Legal Guardian's Phone

Parent's/Legal Guardian's Address