

**Shepherd University Sport Camp
Medical Release/Authorization
Acknowledgment and Waiver of Liability Form**

Acknowledgment and Waiver of Liability: As a parent of a camper, by signing this form, I acknowledge and knowingly assume all risks associated with my son/daughter participating in the camp, and I acknowledge that injury may even arise from negligence by the participants or others and I assume full responsibility for the participation of my son or daughter. I hereby release Shepherd University, the Athletic Department, Camp Director, Coaches, medical staff and other campus personnel from any claims or responsibility for any injuries suffered at the sport camp on the Shepherd University campus. Since the camp does not provide medical insurance for campers, it is my responsibility to pay for all off-site medical treatments that may be needed. I have reviewed the information relating to the camp and I certify that my son or daughter is in good physical condition and can participate in Shepherd University's sports camp(s). If this camp includes overnight stays, I acknowledge that my son/ daughter will not have 1:1 adult supervision and that it is reasonable to have my son/daughter stay overnight on the campus.

Signed

Medical Information and Release:

I authorize the site director and staff to request medical treatment as necessary to ensure the wellbeing of my son or daughter.

High School of Camper _____

Name of Camper: _____

Name of Parent or Guardian: _____

Address: _____

City, State Zip: _____

Phone Numbers: Home _____ Work _____

Mobile _____

Known Allergies of Camper: _____

List Pre-existing medical conditions as Heart Murmur, Asthma, Diabetes, etc. _____

_____ or None

List Medications Currently Being Taken: _____

Family Physician: _____ Phone _____