

LIABILITY RELEASE

This is a legally binding Camp Liability Release (“Release”) executed by _____ (“Camper”) and (if Camper is less than eighteen (18) years of age) _____ (“Parent/Guardian”) for the benefit of Tabor City Soccer Camp and Mount Tabor High School/Spartan Soccer. In consideration of the Camper being permitted to participate in the camp, Camper and Parent/Guardian do release, waive, forever discharge, and covenant not to sue Winston-Salem/Forsyth County Schools, Mount Tabor High School, any employees, staff, students, athletes, volunteers, and the Camp, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature which Camper, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Camper or by any property belonging to me, while Camper is in, on, upon or in transit to or from the premises where the camp, or any adjunct to the camp, occurs or is being conducted. Camper and Parent/Guardian have signed this Release in full recognition and appreciation of the dangers, hazards, and risks of such activities, which dangers include but are not limited to heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs, teeth etc., and which could include serious or even mortal injuries or property damage. Camper and Parent/Guardian further attest they have fully discussed the aforementioned risks and hazards and agree that Camper has individually assumed the risks involved with this camp as witnessed below. Camper and Parent/Guardian agree to save and hold harmless, indemnify, and defend Releases from any claim by Camper or Camper’s family, arising out of Camper’s participation in the camp. In signing this Release, Camper and Parent/Guardian acknowledge and represent that they have read and fully understand this Release before signing it and are signing this Release their own free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. Camper and Parent/ Guardian further state that they are fully competent to sign this Release, and do so for full, adequate, and complete consideration fully intending to bind the Camper and the Camper’s estate, heirs, administrators, personal representatives, and assigns.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

Camper Signature: _____ Date: _____

IF CAMPER IS LESS THAN 18 YEARS OF AGE, PARENT OR GUARDIAN MUST ALSO SIGN:

Parent/Guardian Signature: _____ Date: _____

As of 6/4/17

CAMP MEDICAL FORM/PARENTAL CONSENT WAIVER

This form must be completed and signed by the camper's parent or legal custodian. Please print clearly.

SPORT CAMP: Tabor City Soccer Camp

SPORT DATES: July 22 – July 26, 2019

2019 CAMPER INFORMATION

NAME: _____ **D.O.B.:** ___/___/_____

ADDRESS: _____ **AGE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **GRADE:** _____

HOME PHONE NUMBER: (_____) _____ **GENDER:** Male or Female

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

MOTHER'S NAME: _____

WORK NUMBER: (_____) _____ **CELL PHONE NUMBER:** (_____) _____

FATHER'S NAME: _____

WORK NUMBER: (_____) _____ **CELL PHONE NUMBER:** (_____) _____

BACKUP EMERGENCY CONTACT: _____

PHONE NUMBER: (_____) _____ **RELATION TO CAMPER:** _____

MEDICAL HISTORY INFORMATION

DOES THE CAMPER HAVE ANY OF THE FOLLOWING?

IF YES, PLEASE DESCRIBE.

1. KNOWN DRUG ALLERGIES? NO YES _____

2. FOOD ALLERGIES? NO YES _____

3. ALLERGIES TO INSECTS? NO YES _____

4. ASTHMA? NO YES _____

5. ARE THERE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? NO YES _____

6. IS THE CAMPER CURRENTLY TAKING ANY MEDICATIONS? NO YES _____

PLEASE LIST MEDICATIONS AND SPECIFY IF THEY NEED TO BE TAKEN DURING CAMP.

INSURANCE POLICY INFORMATION

IS THE CAMPER CURRENTLY COVERED BY HEALTH INSURANCE? YES NO – IF YES COMPLETE BELOW.

HEALTH INSURANCE PROVIDER: _____

NAME OF POLICYHOLDER: POLICY NUMBER: _____

As of 6/4/17

PERMISSION TO TREAT & MEDICAL AUTHORIZATION

PLEASE CHECK **ONE** OF THE FOLLOWING AND SIGN BELOW

I, _____, parent or guardian of the child named above, give consent for my child to attend (camp/clinic name). As parent/guardian, I understand that my child's participation will include strenuous aerobic exercises, as well as great deal of excitement in connection with the camp program. I acknowledge that injuries may occur as a result in the participation in this camp/clinic, and I accept that consequence. I have advised our family physician that my child wishes to participate in (camp/clinic name), and our physician has approved of this participation. I hereby authorize the (camp/clinic name) medical staff or other appropriate (camp/clinic name) personnel to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with (camp/clinic name).

Parent/Guardian Signature: _____ Date: _____

I DO NOT want any type of medical treatment provided to my child.

Parent/Guardian Signature: _____ Date: _____