

Rachel Whitten Lacrosse Camp

Rachel Whitten Lacrosse Acknowledgement and Release Form

I, the undersigned, acknowledge that my son/daughter is voluntarily participating in Lacrosse Camp (the "Activity"), which is being offered by *Rachel Whitten Lacrosse*. This program will begin on _____ and end on _____.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY.

In consideration of being permitted to participate in the Activity, _____ (*initial here*) I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my son's/daughter's participation in the Activity, including the possible risk of severe or fatal injury. In return for *Rachel Whitten Lacrosse* allowing my son/daughter to voluntarily participate in the Activity, I agree to assume and accept all risks arising out of, associated with, or related to my participating in the Activity and to be solely responsible for any injury, loss, or damage which they might sustain while participating in the Activity, even though such risks may have been caused by the negligence of *Rachel Whitten Lacrosse*. These risks include, but are not limited to, travel to and from location(s) visited during the Activity.

To the maximum extent permitted by the law,

_____ (*initial here*) I release and indemnify *Rachel Whitten Lacrosse* and its officers, directors, employees, volunteers, and representatives, from and against any present or future claim, loss, or liability for injury to person or property which my son/daughter may suffer, even though such risks may have been caused by the negligence of *Furman University*, or for which they may be liable to any other person, during my participation in the Activity.

_____ (*initial here*) I hereby grant permission to *Rachel Whitten Lacrosse* or its agents and emergency responders to arrange or render medical treatment or evacuation or any other medical services deemed necessary or appropriate for my son's/daughter's safety and well-being, if they should become injured or ill during the Activities.

_____ (*initial here*) I also grant *Rachel Whitten Lacrosse*, in its sole discretion, full permission to take and use photographs and/or videos of my son/daughter, either alone or with others, for use on University web sites or other electronic form, print or media, without notifying me, in promotion of by *Rachel Whitten Lacrosse* and its related entities. I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or related to the use of the photographs.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.

Parent/Guardian's Signature

Today's Date

Printed Name

Date of Birth

Cell Phone Number

Emergency Contact / Relation

Phone Number

VERIFICATION OF PERSONAL MEDICAL INSURANCE COVERAGE

INSURER

POLICY NUMBER

COVERAGE PERIOD

MEDICAL INFORMATION FORM

(This form must be received prior to the camp in order for the camper to participate)

Please complete this form for each Camper:

Camper's Name _____ Birth Date _____

Parent(s) or Legal Guardian _____

Telephone # Home :() _____ Cell :() _____

Emergency Contact Person _____

Telephone # Home :() _____ Cell :() _____

Physician: _____ Telephone # () _____

Please provide the following information regarding the Participants health:

Medical Allergies _____

Food Allergies _____

Diabetes _____

Asthma _____

Current Medications _____

Please specify any other health-related conditions of Camper:

I certify that the above camper is in good health and able to participate in this program.

Parent/Guardian Signature _____ Date: _____