

# College Bound Lacrosse Camp

## June 15-18 2008

### Wavier of Liability

In consideration of participating in the College Bound Lacrosse Camp June 15-18 2008 on the campus of Denison University, the player named below, and the parent or guardian, do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Denison University, College Bound Lacrosse Camp, their owners, staff administrators, volunteers, sponsors and representatives for and against any and all claims, actions, cause of actions, suits, judgments and demands whatsoever arising directly or indirectly in connection with the player's participation during the College Bound Lacrosse Camp. By signing, below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

Player's full name \_\_\_\_\_

Parent's full name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

### MEDICAL RELEASE AUTHORIZATION

I/we being the legal guardians of the applicant authorize the staff of College Bound Lacrosse Camp and their trained medical staff, permission to perform treatment as necessary to ensure the well being of the camper. I certify that the participant is in good health and capable of participating in physical conduct required for this camp. I will attach documentation explaining any and all limitations and/or required medical attention and/or medication that is necessary for my son.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Health Insurance Policy # \_\_\_\_\_