

WAIVER AND CONSENT FORM

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (name of camper). I hereby give permission for the Camp staff to seek during the period of the Camp, appropriate medical attention for my child, for the medical attention to be given to my child, and for my child to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I, the undersigned, understand that volleyball is an active, physical sport and that injuries can often occur during participation at Camp. I also understand that there will be more campers than staff at the Camp, and that my child cannot receive individualized attention and individualized supervision at all times. I hereby acknowledge that my child is physically fit and mentally capable of participating in practices, games, and all camp activities. I, the undersigned, hereby acknowledge and understand that Ryan Meek Volleyball Camps are privately run sports camps and are not operated by or through High Point University, and High Point University has no affiliation, relation or responsibility relative to any aspect of the Camp. Further, the Camp is neither sponsored, controlled, nor supervised by High Point University or any agent, employee or representative thereof, but rather is operated by Ryan Meek Volleyball Camps, Inc. I waive, release, and forever discharge Ryan Meek Volleyball Camps, Inc., High Point Panther's Volleyball Camps, High Point University, and the staffs, officers, agents, employees, representatives, successors, and assigns of the aforementioned entities from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at Camp.

I give permission for the Ryan Meek Volleyball Camps Staff, Inc. to take photographs of my child while engaged in Camp activities for the sole purpose of advertising and publicity, and I understand that my child's identity will remain anonymous in conjunction with any photograph used in marketing. My signature below indicates that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp. ***My signature below indicates that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp.***

X _____

Parent/Guardian Signature Date

(Printed Name) _____

EMERGENCY CONTACT INFORMATION

X _____

Parent/Guardian Signature Date

(Printed Name) _____

Contact Name: _____ Home # _____ Work # _____

Cell # _____

****Special instructions regarding the care of your child while at camp:*** _____

INSURANCE INFORMATION

Insurance Company Name: _____ Policy # _____

Group # _____ Policy Holder's Name: _____

Relationship to Camper _____ **Special instructions regarding Submission of Insurance:* _____

