



## Medical Release Form

Camper's Last Name \_\_\_\_\_ Camper's First Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

Name of Camp Attending \_\_\_\_\_ Date of Camp Attending \_\_\_\_\_

I/We the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give my permission to the staff of the camp to seek during the period of the camp the appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy.

I/We, the undersigned, for ourselves and as guardian(s) of (Camper's Name) \_\_\_\_\_ understand that soccer is an active, physical sport, and that injuries can take place during play. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and camp activities.

I/We represent that I/we have sought the opinion of our child's pediatrician (Name of Camper's Physician) \_\_\_\_\_ and he/she concurs that (Camper's Name) \_\_\_\_\_ is fully capable of safely engaging in these activities. I/We the undersigned for ourselves, our heirs, HSU, and administrators, waive, release and forever discharge Cowboy & Cowgirl Golf Camps and its staff, officers, agents, employees, representatives, successors and, assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_