



Whitworth Pirate Track and Field Day Camp

In consideration of the acceptance of this application for the **WHITWORTH TRACK AND FIELD DAY CAMP**, I am aware of and understand the potential dangers of participating in contact sport activities. I understand that catastrophic injury or accident can occur through participation in track and field. I freely and voluntarily assume all such risks and consent to my son/daughter participation in the Whitworth Track and Field Day Camp.

I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims which I may have now or in the future against Whitworth and its representatives, employees, respective agents, and/or assignees, for all damages which may be sustained and suffered in connection with my or my son or daughter's association with any portion of this camp or related activities, and which may arise out of my or my child's traveling to or returning from camp. I know of no medical or physical problems that may affect my or my child's ability to participate safely in this camp.

I hereby give my consent to the camp staff to attend to any health problems or injury my son may incur while attending this camp. Further, I give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I accept full responsibility for the cost of any medical or other charges in connection with my/my child's attendance at camp.

I certify that my/my child's active Health Insurance policy No. and Insurance Company name are: _____

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ THIS WAIVER AND RELEASE FORM AND UNDERSTAND ALL OF ITS TERMS. I SIGN THIS RELEASE VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participant Name: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____ Date: _____