

CC VOLLEYBALL CAMP WAIVER STATEMENTS

All campers must have their own medical coverage. CC Volleyball Camp under the direction of Connecticut College Sports Camps provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to participate unless the following information is submitted and the form signed by the parent or guardian of the camper.

Camper's Insurance Company: _____

Policy Number: _____

I the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of CC Volleyball Camp to seek during the period of the camp appropriate medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness.

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Connecticut College Volleyball Camp, Connecticut College Sports 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. I/We the undersigned fully understand that Connecticut College will not be held liable for any occurrence at camp.

Date

Camper's signature

Camper's name (printed)

Date

Parent / Guardian signature

Parent's / Guardian's name (printed)