

DO NOT RETURN THIS FORM PRIOR TO CAMP-- BRING WITH YOU WHEN CHECKING IN

Camp _____ CAMPER NAME _____

Date _____

PARENT CONSENT, WAIVER AND RELEASE FORM

In consideration of the UNC Tar Heel Lacrosse Camp acceptance of _____ as a student enrolled in the camp for the period of dates mentioned above, and in return for the opportunity to participate in this camp:

It is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the student and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said student and his parents and/or legal guardian as indicated by the signature hereto. UNC Tar Heel Lacrosse Camp, LLC will be financially responsible for and has insurance that will cover most injuries/accidents occurring during camp, but only as secondary coverage after parent's/guardian's insurance has paid.

I hereby certify that the above named camper is physically able to participate in the UNC Tar Heel Lacrosse Camp, and that I know of no physical impairments which would in any manner limit his participation in such a program.

I hereby grant permission for physicians, dentist, other licensed health care providers and their designees employed by UNC to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated.

In consideration for honoring my child's request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge UNC, and its Board of Trustees, Joe Breschi or Tar Heel Lacrosse Camp, LLC, administrators, faculty members, employees, agents, and students from any claims that I might have myself or could bring on my child's behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of my child's participation in this activity. I also hereby agree to save, hold harmless, and indemnify UNC, its Board of Trustees, Joe Breschi or Tar Heel Lacrosse Camp, LLC and/or its respective entities, administrators, faculty members, employees, agents, and students against any and all claims of negligence or failure to supervise, which my child might bring against them as a result of his participation in the above activity. I recognize that this Release means that I am giving up, among other things, rights to sue UNC, its Board of Trustees, Joe Breschi, or Tar Heel Lacrosse Camp, LLC, its respective entities, administrators, faculty members, employees, agents or students for injuries, damages or losses that my child may incur.

Parent or Legal Guardian Signature

Date

MEDICAL INFORMATION

Medical Insurance Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Group Number _____ ID# _____

Medical History (if pertinent):

Allergies, present medications, special considerations:

Parent/Guardian:

Address: _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

NAME

PHONE

NAME

PHONE