

## Medical Release/Waiver

Please list any physical conditions that physicians should be aware of: \_\_\_\_\_

\_\_\_\_\_

The undersigned parent or guardian understands that the camper will engage in physical activity during the camp which contains an inherent risk of physical injury, and the undersigned assumes the risk and releases the University of the South, Sewanee Women's Soccer, its director, and employees from any and all liability for personal injury arising out of the camper's participation in the camp program. I hereby grant permission for my child/myself (if 18 or older) to attend Sewanee Women's Soccer ID Camp and to be treated by a licensed physician or member of the athletic training staff in the event of any injury, illness or emergency.

Athlete Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

## Insurance Information

Insurance Company: \_\_\_\_\_

Name of Policy Holder and Relation to Camper: \_\_\_\_\_

\_\_\_\_\_

Group/Employer: \_\_\_\_\_

Policy Number: \_\_\_\_\_