

CHRISSEY ELDER VOLLEYBALL CAMPS LLC.
RELEASE STATEMENT

I/we, the undersigned, hereby certify that I am/we are the parent(s) or legal guardian(s) of the camper. I/we hereby authorize the staff of the Chrissy Elder Volleyball Camps, LLC. to act for me according to their best judgment in providing or arranging for emergency care in any emergency requiring medical attention.

I/we hereby waive, release, absolve, indemnify, and agree to hold harmless Chrissy Elder Volleyball Camps, LLC. employees, suppliers, sponsors, and participants for any and all liability and for any and all injuries or illness incurred while at camp.

I/we acknowledge that participation in this camp may result in accidents and/or injuries. Even though I know that there are risks involved, I still give my approval for my child to participate in any and all camp activities and I expressly assume all risks and hazards incidental to such participation. I have no knowledge of any physical impairment or health problems that would be affected by my child's participation in the Chrissy Elder Volleyball Camps LLC. Summer Sports Camps.

By signing this form, I/we acknowledge that I have read and understand the above warning.

Signature _____ Date _____

Name of Insurance Carrier _____

Policy Number _____

Parental Consent Form—Please Print

Camper Name _____ Birthday _____
Month/Day/Year

Parent/Guardian Name _____

Relationship _____

Allergic Reaction to drugs, food, asthma? Yes _____ No _____

If yes, please explain: _____

Taking Medications at this time? Yes _____ No _____

If yes, please explain _____

*All campers must have their own medical insurance.