

TC Volleyball Camp

Waiver and Release

WE, THE UNDERSIGNED, HEREBY CERTIFY THAT AS A PARENT OR GUARDIAN OF THE CAMPER, WE GIVE PERMISSION FOR THE STAFF OF THE CAMP TO SEEK MEDICAL ATTENTION FOR THE CAMPER IN THE EVENT OF AN ACCIDENT, INJURY, OR ILLNESS, AND I, THE UNDERSIGNED WILL BE RESPONSIBLE FOR ALL COSTS INCURRED. THE UNDERSIGNED, FOR THEMSELVES, OR HEIRS, OR EXECUTORS AND ADMINISTRATORS, WAIVE, RELEASE AND FOREVER DISCHARGE THE TC VOLLEYBALL CAMP, TUSCULUM COLLEGE, ITS STAFF, OFFI-CERS, AGENTS, EMPLOYEES, AND REPERESENTATIVES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, OR ACTIONS ARISING OUT OF OR RELATED TO ANY LOSS, PERSONAL INJURY, PROPERTY DAMAGE, THAT MAY BE SUSTAINED OR OCCUR DURING PARTICIPATION IN ACTIVITIES OR WHILE AT CAMP.

Parent or Legal Guardian Signature

Date