



**SUMMER CAMPS**

**RELEASE FORM**

In signing this release, I attest and verify that my child has full knowledge of the risk involved with sport associated with the camp he/she is attending. My child is physically fit and does not have disease or injuries that would medically prohibit him/her from participation in camp. I do hereby release officers, instructors, and employees from any responsibility or liability for reoccurrence of any preexisting, any undisclosed injury or illness or any personal injury or property damage to my own child during the UVA Wise Football Camps and because of camp participation. I, the undersigned, also certify that I am the parent or legal guardian of the camper. I hereby give permission for any emergency procedures deemed necessary for my child during camp. I further agree to pay through my insurance company, or otherwise, and all cost of medical attention or treatment.

Athlete's Name: *(print)* \_\_\_\_\_

Parent/Guardian: *(print)* \_\_\_\_\_

*(sign)* \_\_\_\_\_

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