

Liberty Volleyball Camps

Medical Release

All Campers must have medical coverage. Campers will not be allowed to take part in camp unless the following information is submitted and the form below is signed by the parent/guardian of the camper.

Camper's Name: _____

Camper's Insurance Company: _____

Policy Number: _____

Address & Phone # of Company _____

Waiver Statements

I, the undersigned, hereby certify that I am the parent or legal guardian of the applicant. I hereby grant permission to the applicant to attend the Trevor Johnson Volleyball Camp at Liberty University and to be treated by a licensed physician or member of the school's training staff in the event of any injury or illness during the course of the camp.

I further understand that the applicant will be engaging in physical activity during the camp that contains the inherent risk of physical injury.

I, the undersigned, for myself, my heirs, executors, and administrators, waive, release and forever discharge Liberty University and Trevor Johnson Volleyball Camp, and its staff, officers, employees, representatives, successors, and assignees from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during the participation in camp activities during the course of the camp.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____