

Health Form Waiver

This Health History is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by me. I attest that the camper named on this form has current Immunization and can provide record of Immunizations if requested. In the event I cannot be reached in an EMERGENCY I hereby give permission to the physician selected by the camp director to secure proper treatment for my child as named above.

Camp Liability Form

This release must be signed and dated by all individuals using the KAC/DSC/PATRICK LEE who are not Canisius College staff or students. Failure to sign such document will result in individuals being denied admittance. THE COLLEGE SHALL NOT HAVE ANY RESPONSIBILITY TO PARTICIPANTS OR SPECTATORS FOR ANY INJURY OR DAMAGE TO PERSON OR PROPERTY THAT OCCURS IN OR ABOUT THE KAC/DSC/PATRICK LEE DURING THE USE OF THE KAC/DSC/PATRICK LEE BY THE INDIVIDUALS, ANY PARTICIPANT OR SPECTATOR. INDIVIDUALS HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD THE COLLEGE HARMLESS ON THE DEMAND OF THE COLLEGE FROM ANY AND ALL SUITS, ACTIONS, CLAIMS, LOSSES, COSTS, DAMAGES, FINES AND LIABILITIES (INCLUDING ATTORNEYS' FEES AND EXPENSES) ARISING OUT OF USE OF THE KAC/DSC/PATRICK LEE.

You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against Canisius College.

Photography Release Form

I understand that while participating in the Canisius College Girls Basketball Camp events, photographs may be taken of my child. By signing below, I am acknowledging this and agreeing to allow Canisius College to use these photos for display and promotion of the Canisius College Girls Basketball Camp.