



**Mega Sports Camp
Wavier Form**

June 19-23, 2017



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Name: _____ Boy/Girl _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the camp/clinic. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during Game Plan Mega Sports Camp, I hereby authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hereby hold the camp staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at the camp. If this occurs, I hereby authorize the camp staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organization and its representatives from any claims for personal illness or injury that my child may sustain during the camp. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp.

Whereas the Living Water Evangelical Church staff, LWEC Children's Ministry Summer programs co-workers and volunteer assistants will provide reasonable care for the safety of my child, I, the parent or legal guardian of the child, personally assume responsibility for the actions of my child during the Mega Sports camp event held June 19-23, 2017 from 8:45AM-12:00 noon, and release Living Water Evangelical Church, the staff, the co-workers, and the volunteers from the responsibility of loss or damage of property, or injury to my child. I certify that I am competent to sign this release/waiver and have done so voluntarily.

Child's Name (Please print) Grade in School as of May 2017

Parent's or Guardian's Name (Print) Signature of Parent or Guardian

Date