Release of Liability

Please read carefully. This is a release of liability and other rights.

Name of Child:

Although precautions are taken to provide proper organization, instruction, and equipment for your child’s participation in Terrier Volleyball Camp, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking [the “activity(ies)”] and the use of any equipment in connection with the activities. I/we, on behalf of myself, my child and any other parent of the child, understand that my child may be involved in activities including the following but not limited to volleyball, agility, fitness, and/or any other physical undertakings. Any participation by my child in the activity(ies) will be voluntary.

AUTHORIZATION I/we hereby grant permission to the staff and physicians of Terrier Volleyball Camps, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary.

Parent Signature:
Date:
Parent Printed Name:

WAIVER OF LIABILITY In partial consideration of our child’s acceptance into the Terrier Volleyball Camps, I/we as parents of Camper’s Name:__________________________ do hereby agree to limit the liability of the Terrier Volleyball Camps, Wofford College, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Terrier Volleyball Camps. I further agree to waive all liability of the Terrier Volleyball Camps, Wofford College, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at Terrier Volleyball Camps, which is not covered by said medical insurance policy.

ACKNOWLEDGEMENT In signing this Release of Liability, I acknowledge and represent that I have fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be constructed in accordance with the laws of South Carolina.

In the case of a medical emergency involving my child/ward, I understand that every effort will be made to contact me or other parent/guardian/emergency contact person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the camp to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery, or other medical procedures necessary for my child.

EMERGENCY MEDICAL RELEASE

Parent/Guardian Signature:
Date:
Medical Insurance Carrier: Policy Number: