



2024 Fall H.S. 1-Day Shootout Player Liability Waiver & Medical Release

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parent/Guardian: _____

Emergency Phone: _____

Email: _____

Age: _____ Grade (24-25): _____

School attending in 2024-25: _____

AAU Team: _____

Liability Waiver & Medical Release Statement

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is physically able to perform activities conducted at the Christopher Newport University Fall Team Camp and I hereby authorize any medical evaluation or treatment which may be advised or recommended by qualified medical personnel of my child while at the Christopher Newport University Fall Team Camp. In consideration of my application being accepted, intending to be legally bound, do hereby for myself, my heirs, executors and administrators waive and release and forever discharge any and all claims for damages, which I may have or may hereafter occur to me against Christopher Newport University, the Women's Basketball program or their respective officers, agents, representatives, successors and/or assigns for any or all damages which may be sustained or suffered in connection with my association with, or participation in, the Christopher Newport University Fall Team Camp on the campus of Christopher Newport University. I, the parent or guardian, do hereby agree to the above waiver and release.

List any allergies: _____

List any medical conditions: _____

Signature of Parent/Guardian

Date

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____

Policy Number: _____

Policy Holder: _____