

Memorial University of Newfoundland Sea~Hawks Basketball Camp Waiver

I am permitting my minor child to participate in the Sea~Hawks Academy Christmas Camp (the "Camp") offered by Memorial University of Newfoundland Sea~Hawks Athletics (the "University"):

Sea~Hawks Academy Christmas Camp
December 18-20, 2009

In consideration of my minor child being permitted to participate in the Camp, I acknowledge, appreciate and agree that:

1. The Camp may involve physical and recreational activities;
2. Although the Camp supervisors will endeavour to provide the maximum supervision possible, I am familiar with and accept that there is a risk of injury, possibly of a serious nature, in participation in the Camp. Injuries may include but are not limited to strains, sprains, fractures and concussions;
3. While participating in the Camp, my minor child must follow all rules, instructions and directions given by the Camp supervisors. Failure to follow rules, instructions or directions may result in my minor child's immediate expulsion from the Camp;
4. I understand that the University assumes no responsibility for personal injury or loss of or damage to my minor child's personal property;
5. I agree to release and waive liability for all claims that my minor child or I have, or may in the future have, against Memorial University of Newfoundland, or any person(s), entities or organization(s) associated in any way with the Camp, from any and all liability for any loss, damage, injury or expense that my minor child or I may suffer as a result of my minor child's participation or presence at the Camp, due to any cause whatsoever, including negligence, gross negligence, breach of contract, or breach of any statutory or other duty of care, on behalf of the University.
6. I declare that I have read, understood and agreed to the contents of this WAIVER FORM in its entirety and I sign it freely and voluntarily without any inducement.

Print Name of Minor Child

Signature of Parent/Legal Guardian(s)

Date

Memorial Sea~Hawks Sport Camps Health Form

Name: _____ Parent/Guardian: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____

E-mail Address: _____

MCP #: _____ Birth date dd/m/y): _____

Current Age: _____ Current Grade: _____

School Name: _____

Camper is authorized to be released to (other than guardians):

Alternate Contact: Name: _____

Relationship: _____

Phone: _____

List any Allergies: _____

List Medications being taken (Include Dosage): _____

I hereby permit Memorial University of Newfoundland to authorize medical treatment for my minor child in case of an emergency. In cases of emergency, Memorial University of Newfoundland will endeavour to contact parents/guardians/alternate contacts as soon as possible.

Signature

Date