

MONTREAT COLLEGE ATHLETIC WAIVER STATEMENT

All campers who attend Montreat College Athletic Camps must have their own medical coverage. Campers will not be allowed to participate unless the following information is submitted and the form signed by the parent or guardian of the camper.

Medical Insurance Company _____

Policy Holder _____

Policy Number _____

I/We the undersigned hereby certify that I(we) am (are) the parents or legal guardian of the camper: and hereby give permission for the staff of the Camp to seek appropriate medical attention for the campers and medical attention to be given, and for the camper to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, for ourselves, our heirs, executors, and administrators, waive, release and forever discharge Montreat College and its staff, officers, agent, employees, representatives, successors and assignees of and from all rights and claims for damage or loss to persons which may be sustained or occur during participation in Camp activities or while at Camp, whether or not damages, injury or loss are due to neglect.

Parent Signature _____ Date _____

Camper's Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Primary Contact Name _____

Relationship to Camper _____ Phone # _____

Secondary Contact Name: _____

Relationship to Camper _____ Phone # _____