

***Iverbe Sports Camp
Waiver of Liability/Release of Claims***

Campers Name _____

The undersigned warrants and represents that he/she is a parent or legal guardian of _____ (hereinafter referred to as the "Camper") and that the undersigned possesses the authority to execute this Waiver of Liability/Release of Claims on behalf of the Camper. The Camper herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I/We, the parent(s) of the above stated camper understand and acknowledge that there are inherent risks and dangers in the activities and programs offered by Iverbe Sports Camp. I/We hold Iverbe Sports Camp harmless of any accidents/injuries relating to the activities, programs, and transportation services rendered by the company. I/We release Iverbe Sports Camp of all legal responsibility and liability.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian _____

Date: _____