

2018 RIVERDALE VOLLEYBALL CAMP APPLICATION MEDICAL INFO/RELEASE FORM

NAME: _____ GRADE ENTERING: _____

SCHOOL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE #: _____ EMERGENCY: _____

EMAIL: _____

In consideration of being allowed to participate in this camp I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Riverdale Volleyball Camp, Riverdale High School, the Lee County School Board and their officers, servants, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OR THE RELEASEE, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted. To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the camp's activities. I am fully aware of risks and hazards connected with this camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSON INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorneys' fees, that may accrue related to my/my child's participation in the camp. WHETHER CAUSED BY NEGLIGENCE OR RELEASEE or otherwise. During the period of the camp, I hereby give permission for the staff of the Riverdale Volleyball Camp to administer appropriate medical attention to me/my child in the event of any accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is my express intent that this Waiver of Liability and Hold Harmless Agreement/ Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign in voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete considerations fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent /Guardian's Signature Date Signed _____

PLEASE PRINT Parent /Guardian's NAME _____

EMAIL: _____

Insurance Company _____

Policy Number _____ Group Number _____

MAKE CHECKS PAYABLE TO: RIVERDALE VOLLEYBALL BOOSTERS

MAIL APPLICATION & CHECK TO: RIVERDALE VB CAMP, RONI HIPPO 2600 BUCKINGHAM RD. FT. MYERS, FL 33905