

Acknowledgement and Assumption of Risk and Medical Consent Form

The undersigned, being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, hereby gives permission to Randolph College and the <insert name of camp here>, its officers, employees, agents, trainers, and/or staff members to take whatever action is necessary for the health and welfare of my child including consenting on my behalf to any and all medical treatments, procedures, and/or hospitalization.

I am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, death, accident or illness, or acts of God) of participating in such an activity.

I am aware that I should (if appropriate) have a medical exam prior to participating in this activity to ensure that I am in good physical health.

I am aware that I should see that I am properly covered by adequate accident and/or medical insurance. If I am not, I agree to obtain sufficient liability, accident, health or travel insurance, at my own expense, to insure me against any loss occasioned by this activity.

Knowing this, I assume all risks that may arise from or in connection with this activity. In addition, I do hereby agree and warrant to release and hold harmless Randolph College and the <insert name of camp here>, its officers, agents and employees, volunteers, sponsors and/or students from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury resulting from my voluntary participation in this activity.

I have fully informed myself of the contents of this Form by reading it before signing it.

PARTICIPANT NAME PRINTED _____

PARTICIPANT SIGNATURE & DATE _____

If the above-signed participant ("Participant") is not eighteen years of age, the undersigned parent or legal guardian is signing this Form on Participant's behalf. The undersigned agrees that this Form constitutes a full and complete waiver of any claims he or she may bring on behalf of Participant arising out of the activity.

PARENT/GUARDIAN NAME PRINTED _____

PARENT/GUARDIAN SIGNATURE & DATE _____