



WSU Spirit Programs

Wright State Medical Release & Waiver of Liability Form

I, _____ release the **Wright State University Spirit Programs** and all other entities from liability in the event injury and / or death should occur while participating in the **Wright State Spirit Program Camps, Clinics or Workshops**.

I am also in good health and able to sustain the competition regimen that must be performed while participating in this event.

Due HIPPA laws, the camp staff has my authority to release any pertinent medical information to the proper emergency providers in the event of injury.

THE WRIGHT STATE UNIVERSITY ATHLETIC TRAINING ROOM STAFF HAS PERMISSION TO PROVIDE EMERGENCY MEDICAL CARE IN THE EVENT OF INJURY OR ILLNESS.

Medical Insurance Provider _____

Policy # _____

Home Telephone _____ Emergency Telephone _____

Participant Signature Date

Parent (s) Signature *(if under 18 years old)* Date