

Idaho State Volleyball Camps

I hereby authorize the staff of the Idaho State Volleyball Camp to act for me according to their best judgment in any emergency requiring medical attention if I cannot be reached. I hereby waive and release the camp, Idaho State University, the camp directors, and anyone connected with the camp, from any and all liability for illness or injury occurring while at camp. I have no knowledge of any physical impairment that would be affected by my son's/daughter's participation in the program.

Parent/Guardian Signature

Date