

CHRIS POOLE VOLLEYBALL CAMP PARENT/GUARDIAN RELEASE FORM

I/We, the undersigned, hereby certify that I/we am/are the parent(s) or legal guardian(s) of the participant listed below. I/we hereby give permission for the staff of the camp to seek, during the period of the camp, medical attention for the participant and for the medical attention to be given and for the participant to receive medical attention in the event of accident, injury or illness. I/we, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Chris Poole Florida State Volleyball camp staff, officers, agents, employees, representatives, successors and assigns of and from all rights and claims for damages, injury, or loss to person or property, which may be sustained during participation in clinic activities or while at the camp, whether or not damages, injury or loss is due to negligence. It shall be understood that participants are contracting with the employee and not Florida State University; the university and the state of Florida do not assume any contractual obligations for the conduct of the employee's activity.

Minor's Name _____ Date _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Camper's Insurance Company _____

Phone Number of Insurance Company _____

Policy Holder _____ Policy Number _____

