

Waiver and Release

I understand that any participant in the 2019 _____ (camp) who engages in any improper conduct or fails to abide by the rules of conduct for this Camp or engages in any illegal activity is subject to dismissal without reimbursement or recourse. I hereby authorize the director of this Camp to act for me according to his/her judgement in any emergency requiring medical attention. I hereby released and discharge the Camp Staff and Doane University and its officers, agents, and employees from and against any and all liable or cause actions arising out or that I have adequate insurance coverage to insure risk.

Print Participant's name: _____

Participant's Signature: _____

Age: _____ Date Signed: _____

This Camp is conducted at Doane University and Doane University is supportive of the goals of this camp, but Doane University is not the sponsor or Co-Sponsor of this camp.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE OF 19 AT THE TIME OF REGISTRATION)

I, as parent/guardian for this participant, do consent and agree to his/her release and hold harmless. I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to the minor child participation in the program, EVEN IF ARISING FROM THE ORDINARY NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date Signed: _____

Emergency Phone Number: _____