

Camper's Name: _____ **Date of Birth:** _____
2023 Form Valid for One Camper Only: PLEASE FILL OUT EVERY LINE

LOVELAND SPORTS & ACADEMIC DAY CAMP LIABILITY WAIVER 2023: THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that sports are HAZARDOUS activities. I recognize that there are risks inherent in sports activities conducted by the Loveland Sports & Academic Day Camp, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the Loveland Sports & Academic Day Camp and hereby agrees to indemnify and hold harmless the Loveland Sports & Academic Day Camp, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Loveland Sports & Academic Day Camp. The participant also agrees to indemnify the Loveland Sports & Academic Day Camp for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of the Loveland Sports & Academic Day Camp to have the participant treated in any medical emergency during their participation in the Loveland Sports & Academic Camp. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. I have noted on this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Parent/Guardian Signature: _____ **Date:** _____

HANDBOOK ACKNOWLEDGEMENT: I have read and understand the Loveland Sports & Academic Day Camp Handbook posted on our website.

Parent/Guardian Signature: _____ **Date:** _____

PERMISSION TO PICKUP: I give permission for Loveland Sports & Academic Day Camp to release my child to:

Name: _____ Relationship: _____
HomeAddress: _____ Cell: _____

Name: _____ Relationship: _____
HomeAddress: _____ Cell: _____

Name: _____ Relationship: _____
HomeAddress: _____ Cell: _____

My child may NOT be released into the custody of the following:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

I understand it is my responsibility to update, in writing, any additions or deletions to this authorization.

Parent/Guardian Signature: _____ **Date:** _____

PERMISSION TO PHOTOGRAPH: I: DO DO NOT give permission for Loveland Sports & Academic Day Camp to photograph my camper and will use only first names and last initials. It is my responsibility to update this form in the event that I no longer wish to authorize the use of my camper's photo by Loveland Sports & Academic Day Camp.

Parent/Guardian Signature: _____ **Date:** _____

PERMISSION TO WATCH A MOVIE: Upon occasion, campers may have the opportunity to watch a video or television show that relates to the theme of the week. We will post the video to be viewed on the front desk for your information prior to viewing that week. I: DO DO NOT give permission I give permission for my child to watch a video or television show: **(Please CIRCLE Ratings Permissions)** Rated "G" *and/or* Rated "PG"

Parent/Guardian Signature: _____ **Date:** _____