

Lizzy Fowler Adventure Camp and Sports Training Liability Release Waiver

Name of Student _____ Grade _____

Parent name and cell number _____

Parent name and cell number _____

Home and work phone _____

Home Address _____

Emails _____

The above named student wishes to enroll and participate in activities conducted by instructor, Elizabeth Fowler. Occasionally other instructors may help or substitute for Elizabeth Fowler. In consideration for permitting the student to enroll and participate in sports and other activities, the student agrees to:

- 1) Obey all rules of conduct and instruction, respect other students, observers and rules of camps.
- 2) In consideration for allowing the student to participate or enroll in sports or activities, the student voluntarily releases, discharges, relinquishes, and waives any and all causes of action or claim for personal injury, property damage or wrongful death occurring to students as a result of participating or receiving instruction in said activities. I understand that I hold Elizabeth Fowler and employees and agents harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this camp. The undersigned assumes full responsibility for and risk from bodily injury, death, or property damage arising out of the participant's participation.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury, I consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care which are considered necessary in the best judgment of the attending physician, surgeon, or dentist performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. This authorization shall be in effect during all times that my child is under the supervision of Elizabeth Fowler for the above mentioned sports and activities shall remain effective until the minor is released and no longer under the supervision of Elizabeth Fowler or employees.

This permission to participate and release form is signed in order to participate in Lizzy Fowler's Adventure Camp and Sports Training and is done so freely with full knowledge of the risks and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance. I have discussed the above with my child and s/he is aware of and understands the importance of following all rules set out by the supervisor(s).

Name of parent/Guardian (print) _____ signature _____

Additional emergency contact names and contact info. _____

HEALTH

Medical Insurance Carrier and policy number _____

Physician's Name and phone # _____

Please list student's special medical condition, medications, or allergies on the back

I _____ allow Liz and other employees to take pictures of my child, _____ during camp or sports for Lizzy Fowler's website.

OR Please don't take any pictures of my child, named _____

