

**Sports Camp Waiver
Eastwood Local School District**

Student Last Name _____ First Name _____ Middle Initial _____

Age _____ Date of Birth _____ Sex: _____ Male _____ Female

PARENT CONSENT CERTIFICATE

To be eligible for participation in summer sport camps this waiver must be on file with the Eastwood Local School District and this certificate of consent signed by a parent or guardian.

"I give my consent for the above named child to take part in any community school summer sports camp."

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

As the parent or guardian for the above-named student, I hereby acknowledge that the student's participation in the summer sports camp may expose the student or others to inherent risks, including accidents, injury, illness, or even death. The undersigned understands and appreciates the safety risks that are inherent in participation in the summer sports camp, and hereby asserts the student's participation is voluntary and that student and parent knowingly assumes all such risks.

In consideration of the Board's offer to permit the above-named student to participate in the summer sports camp, the undersigned hereby forever releases the Board, its officers, members, employees, and agents, in both their official and individual capacities, from any and all liability or demands for personal injury, psychological injury, sickness, or death, as well as for property damage, of any nature whatsoever which may be incurred by the student or the undersigned as a result of the student's participation in the summer sports camp.

The undersigned agrees to release, hold harmless and indemnify the Board, its officers, members, employees, and agents from any liability sustained by the Board and/or its officers, members, employees, and/or agents as a result of the student's participation in the summer sports camp.

The Eastwood Local School District has no responsibility to provide first aid at any of the community school athletics. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, the parents do hereby release and forever discharge such persons and the Eastwood Local School District from any liability arising out of any first aid or immediate treatment of injuries.

Does child have any significant health problems? _____ if yes please explain _____

Typed or Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Address _____ Phone _____

Date _____

We/I the undersigned are completely aware that the Eastwood Local School District **DOES NOT** provide accident insurance for ANY child or adult participating in the sport camps/programs offered by Eastwood Local School District and assumes **NO LIABILITY** for injuries sustained from participation. We/I, the undersigned, further acknowledge and agree that the Eastwood Local School District will not assume any liability for any injuries sustained by participation in the program.

Parent or Guardian Signature _____

Relationship to Child _____

Eastwood Local School District

STATEMENT REGARDING ACCIDENT INSURANCE WAIVER