

Moravian College Athletic Release Form

All Participants **MUST** complete and return this form in order to participate.

Name of Event: _____

Participant Name: _____

Name of Parent/Guardian if under age of 18: _____

Address: _____

Phone #: _____

Emergency Contact: _____

Emergency Phone #: _____

Name of School (if applicable): _____

Please list allergies: _____

Please list any medication your are currently taking: _____

Insurance Company: _____ Policy #: _____

ID #: _____

Please check here if the participant is NOT covered under an insurance policy. Please be aware that all bills will be sent directly to the parent and/or legal guardian.

Medical Treatment Waiver & Release Form

I/We being legal guardian(s) of the participant and on behalf of myself/ourselves, the participant, and my/our and the participant's personal representatives, assigns, heirs, and next of kin, hereby release and discharge Moravian College, and it members, staff, officers, agents, representatives, employees, successors, and assigns from any and all action, causes of action, claims, damages, demands, injuries, and liabilities of any nature whatsoever (including reasonable attorneys fees and interests) arising out of or in any manner connected with the participant's participation in activities, whether caused by negligence or otherwise. I further acknowledge, understand, and agree that with my child's participation in the above event there is a possibility of physical injury or illness. I assume full financial responsibility for such treatment.

Date

Participant's Signature

Date

Parent/Guardian Signature

(Must be signed by Parent/Guardian if participant under the age of 18)