

Moravian College Volleyball Camp

1200 Main Street Bethlehem, PA 18018

WAIVER AND RELEASE STATEMENT

The undersigned being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health, and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. I understand that, as a participant in the camp, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby release the Moravian College Volleyball Camp, Moravian College, the Moravian College Athletic Department, Shelley Bauder and all other employees or agents of the camp from any liability from any loss or damage of personal property, injury or illness, mental or physical suffered by the camper during or related to camp.

Participant's Name: _____

Parent / Guardian's Signature: _____

This is the _____ day of _____, 2011.

Mail To:

Shelley Bauder
Head Volleyball Coach
Moravian College
1200 Main Street
Bethlehem, PA 18018

(Please mail this and the Health form and Medical Treatment Consent form with balance – thank you)