

Waiver Statement

All participants must have their own medical coverage. The school provides excess coverage after your insurance policy has been utilized. Participation will not be allowed unless proper medical insurance information is submitted in the “Medical Insurance Form” and the “Waiver Statement” is signed by the parent or legal guardian of the participant.

I/We, the undersigned, for ourselves, our heirs, executors, and administrators agree to hold Game On Camps & Clinics, the University of Connecticut, the directors of Game On Camps & Clinics and all coaches, clinicians, staff, agents, representatives, employees, successors, and assigns harmless from any injury my daughter may incur while involved with any camp activities and waive, release and forever discharge all named from any and all rights and claims for damages to person and property activities while participating in camp activities or resulting from camp activities. I/We understand that this is an independent camp and in no way is affiliated or sponsored by any university. My daughter is physically fit to take part in lacrosse and camp-related activities. I/We hereby give Game On Camps & Clinics directors, coaches, training staff, and emergency personnel permission to render such medical and hospital care that in their judgment necessary for my daughter in the event of an injury, illness, or accident. I/We agree to bear the cost of any treatment such performed.

Participant's Signature
(if 18 years of age or older)

Date

Parent/Legal Guardian Signature