

Waiver and Hold Harmless Form

Participant's Name_____

Medical Insurance Carrier_____

Carrier Phone #_____

Insurance ID #_____

Attending: Swarthmore College Tennis Camp

To be completed by parent/ guardian:

Please list any information that may assist the counselors in caring for the participant if necessary (past or present):

Waiver

As the parent/guardian of the applicant, I hereby grant permission for him/her to participate in the above camp and represent he/she is physically able to participate in camp activities. In consideration of the applicant's being allowed to participate in the camp, thereby release the camp, its directors, and staff from all claims resulting in illness, injuries, or other damage which may be sustained by the child during the attendance of the camp. In the event of illness or injury, we hereby authorize the staff members of the camp to act according to their best judgement in any emergency requiring medical attention and hereby waive, release, and hold harmless Swarthmore College, the camp director and its staff from any and all liability for any injuries incurred while at the camp or en route to

additional medical treatment.

Parent/ Guardian signature:

Date _____