

Medical Lake High School Summer Program Release Waiver

Activity/Sport: Volleyball - Grades 2 to 8
Name of event/summer opportunity: Volleyball Camp
Date Range of Activity: June 12 th – June 14 th 3:00 to 5:00 High School Main Gym
Supervising Coaches: Todd Harr
General activities associated with this event: Playing volleyball
Camp Fee: \$20.00 Checks payable to MLHS and turned in to business office.

My son/daughter _____ (student name) has my permission to participate in the activity listed above.

Parent/Guardian Name: _____ Contact #: _____

Emergency Contact Name _____ Contact #: _____

My child has the following allergies or other health problems (describe): _____

Medication: _____

Doctor's Name and Address: _____

Health Insurance Company: _____

Policy Number: _____

I understand the Medical Lake School District does not purchase or have medical/dental/hospitalization insurance to cover an injury while participating at this event.

In the event of illness or accident, I authorize the Medical Lake School District personnel responsible for this activity to approve medical emergency care.

Although I understand that the Medical Lake School district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the Medical Lake school district, its employees, agents, or volunteers from any liability associated with this activity.

Signature of Parent or Guardian

Date

Grade entering fall of 2018