

# Mark Allen Squash Camps at Boar's Head Sports Club 2017 : Assumption of Risk and Waiver

## PARTICIPANT HOLD HARMLESS AND ASSUMPTION OF RISK AGREEMENT

**\*\*\*READ BEFORE SIGNING\*\*\***

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

In consideration of being allowed to participate in any way in the Mark Allen Squash Camp at Boar's Head Sports Club and Woodberry Forest School related events and activities (the "Program"), I, the undersigned, acknowledge, appreciate and agree that:

1. The inherent risk of injury from the activities involved in the Program can be significant, including the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my participation and;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Mark Allen, Boar's Head Sports Club and Woodberry Forest School and each of its officers, officials, agents, and/or employees (collectively, "Releasees") from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, arising out of or in connection with my participation in the Program, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Participant Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### **For parents of a participant of minor age (under age 18 at time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's involvement or participation in the Program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Name (Please Print): \_\_\_\_\_ Emergency Phone Number(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFF-SITE ACTIVITIES FORM 2017  
(To be completed by the Parent)**

Camper's Name: \_\_\_\_\_ Name of Parent: \_\_\_\_\_

I hereby give permission for my son/daughter to be taken off site to participate in recreational activities in the evening while attending Mark Allen Squash Camps at Boar's Head Sports Club & Woodberry Forest School.

I understand that Camp Staff will accompany all travel and activities, which might include, but are not limited to: mini-golf, movie theatre, bowling, swimming, jump trampoline park\*, and Ultimate Frisbee.

Also, by signing this form I hereby confirm that I am giving permission for my son/daughter to be driven to and from camp activities, as well as to and from Woodberry Forest School and McArthur Squash Center, by camp coaches and staffers. I give permission on the basis that all of these staff are over 21 years of age.

Can your child swim (CIRCLE APPROPRIATE ANSWER) YES / NO

(If NO he/she will therefore be kept out of the water on our cook-out / swim night).

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

\* Jump Trampoline Park requires a separate waiver to be signed, which is Form 3

**PHOTOGRAPHY RELEASE**

I give permission to Mark Allen Squash Camps to take photographs and video of my son/daughter \_\_\_\_\_ (name) during all camp activities. These images can be used on the website and in brochures for future camp advertising. All videos will only be used for coaching purposes and will not be made available for public viewing.

\_\_\_\_\_  
Signature parent/guardian

\_\_\_\_\_  
Date

**Mark Allen Squash Camps 2017 at Boar's Head Sports Club  
Medical & Insurance Information Form**

Participant's Name: \_\_\_\_\_

In the event of an emergency we will try both parents on the numbers given to us on the PLAYER INFORMATION FORM (FORM 1). If we cannot reach either then please give me a third emergency contact:

Name: \_\_\_\_\_ Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any and all allergies and type of reaction:

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Medication to be taken:

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All immunizations are current and up to date? (including Tetanus shot (DPT/DT-Td) Yes\_\_\_ No\_\_\_

Are there any Special Diet needs for the camper that we need to be aware of?

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History of Sports Injuries:

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Any other medical/health information that you think we might need to know:

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As parents/legal guardian or registrant on this form, I/we have determined the registrant to be in good health and able to participate in all camp activities. In addition, I/we understand that in the event medical intervention is needed, every attempt will be made to immediately contact both parents, and then the third emergency contact listed on this form. If unable to reach me/us, I/we do hereby:

1. Authorize the staff at Mark Allen Squash Camps, Woodberry Forest School, and Boar's Head Sports Club to: (a) provide emergency treatment for my/our child should the staff believe it necessary or appropriate to do so without first obtaining my/our permission, (b) secure reasonable medical treatment from the local hospital, clinic or EMS service in the area for my/our child should the staff believe it necessary or appropriate to do so without my/our permission.
2. Release all persons in charge of our attending the sponsored activity as well as employees, officers, leaders, and members of Mark Allen Squash Camps, Woodberry Forest School and Boar's Head Sports Club from (a) any liability for securing or failure to secure such medical treatment and (b) any liability arising from any injury/sickness to my/our child occurring while going to or from such activity or while participating therein.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_