



Summer Sports Camps Participant Release Form

For WPI use only:
 Recv'd _____
 Ent'd _____
 Camp _____

Camper Information: Please print neatly with a ball point pen in blue or black ink.

Name of Camper: <i>Last, First, Middle</i>		Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address: <i>Street, City, State, Zip</i>			Camp(s) Attending:
Emergency Contact:		Relationship to Camper:	
Phone number where <u>emergency contact</u> may be reached:		Parent/Guardian Phone numbers: <i>Day: Evening:</i>	

Release of Liability

The undersigned participant and his/her parent/legal guardian agree to hold Worcester Polytechnic Institute (WPI), its employees, trustees, officers, volunteers and agents harmless from any claims, damages, losses and/or expenses arising out of participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such camp activities. Signature of this agreement also warrants that participation in this camp is voluntary and that the participant and undersigned have read and understand the inherent risks involved in the camp's activities. The participant understands that these risks exist despite the camp's safety precautions and procedures and the participant agrees to obey all rules and policies mandated by camp personnel.

Health Insurance Verification

The undersigned participant and his/her parent/legal guardian warrant that the participant is physically fit and able to participate in all camp activities and that there is and will be adequate health insurance coverage in force for the term of the camper's attendance. The undersigned further verifies that the health insurance covers any and all accidents, injuries or illnesses that may result from participation in the camp activities and that the camp's medical form has been completed, signed and dated.

In addition, the participant and his/her parent/legal guardian agree to give WPI and its representatives permission to provide emergency medical response and/or treatment as needed for any injury or illness that may occur while the participant is involved in camp activities and agree to release WPI and its representatives from all liability arising out of such treatment.

NOTE: ALL CAMPERS MUST FURNISH US WITH A HEALTH FORM.

Medical Conditions / Allergies / Physical Limitations or Restrictions

Please list any/all summertime allergies or physical handicaps that the camp staff should be aware of (**if none, please write NONE**):

Parent/Legal Guardian Signature

Parent/Legal Guardian: *(Please print clearly)*

Parent/Legal Guardian: *Signature:*

Date:

Media Release Statement

As parent / legal guardian of above camper, I give my permission for photographs to be taken during the activities at WPI. These photographs will remain the property of WPI and may be used in publications and marketing campaigns. The media will also be notified of these events. I give my permission for my child to participate in interviews and/or be filmed or photographed.

Parent/Legal Guardian: *(Please print clearly)*

Parent/Legal Guardian: *Signature:*

Date: