Catawba College Men's Basketball

Parental Consent, Assumption of Risk and Release from Liability Form

The purpose of this form is to enable our staff and/or health facilities in the area to provide prompt care to your minor child(ren). We must have a completed Parental Consent form on file. This way, we can help your child without delay in the event of an emergency.

Name of Minor:		
Camp attending:		
Camp attending:Social Security #:		ecurity #:
Insurance Company's Name:		
Medical/Hospitalization Insurance Pol	icy #:	
Phone number of office holding policy	/:	
Medical Information		
Allergic reactions:		
Medication(s) presently taking:		
Date of last tetanus shot:		
Past illness or other information that w	ould be useful in the event tre	eatment is necessary:
Emergency Phone Numbers		
Father/Guardian (H)	(W)	(C)
Mother/Guardian (H)	(W)	(C)
Other contact in event parents/guardian	ns cannot be reached:	(C)(C)
Name:	Relationship:	
(Home):	(Cell)	
	ts, and/or damages following such inju	eby accept and assume all such risks, known and unknown, ury, disability, paralysis, or death, even if caused, in whole fauilful or gross peoligence.
equipment, I hereby agree as follows: (1) TO WAIVE AND RELEASE ANY AND A or willful misconduct, that I may have in the fut representatives, agents and volunteers. (2) To release Catawba College Men's Basketba responsibility, whatsoever, for any claim of actionance or wrongful death arriving from this act otherwise with the exception of gross negligency any injury, including, but not limited to, paralyst activity and/or instruction. (3) By entering into this agreement, I am not relibrate Basketball, other than what is set forth in this agwith the laws of state of North Carolina, United (4) If any provision of this release is found to be this contract will then construed as though the urithereby authorize the director, assistants, or oth	LL CLAIMS based upon negligence, ture against any of the following name all, their officers, directors, employee on that I, my estate, heirs, executors, of tivity whether caused by active or passe. By executing this document, I agree is or permanent disability, or loss of living on any oral or written representagreement. I further agree that this agree States of America. The unenforceable or invalid, that provision the process of the provision had never been the presents responsible for my minor caliring medical attention and I hereby we	child(ren)'s care to act on my behalf, according to their best waive and release the camp/program, the instructors and
Signature of Parent/Guardian	Date	
Print Name of Parent/Guardian		
Signature of Parent/Guardian	Date	2

Print Name of Parent/Guardian