



FREDERICK COMMUNITY COLLEGE

SPORT CAMP WAIVER

CAMP PARTICIPANT INFORMATION

Last Name:		First Name, MI:	
Date of Birth:	Parent/Guardian Name:		Parent/Guardian Cell Phone:

SPORT:

Frederick CC Volleyball Camp

I desire to participate in the sport camp for the identified above ("Sport") at Frederick Community College ("FCC" or the "College"), and, in consideration of being allowed to participate in the Sport, I hereby acknowledge and agree as follows:

1. I acknowledge that I am a camp participant and that I am participating in these sport activities voluntarily.
2. I understand that participation in camp involves a risk of injury which may range in severity from minor to catastrophic, including, but not limited to serious permanent paralysis, bone/joint or other bodily injury, concussions, other chronic disabling conditions and even death. I further understand that such injuries may occur in the absence of negligence. To minimize the risk of injury, I agree to obey all safety rules and to report fully any problems related to my physical condition to the sport coach(s).
3. I have consulted with a medical doctor regarding my personal medical needs. I represent that I am fit to participate in sport related activities and that there are no health-related reasons or problems, which preclude or restrict my participation in sport related activities.
4. I am aware that the College assumes no financial responsibility for payment of medical expenses for any injuries incurred while I participate in the sports camp period.
5. The camp period is five (5) consecutive days from the date on this from during which I am allowed to participate **ONLY** in sport activities including skill work and conditioning sessions. During the camp period I am specifically prohibited from participating in any activity that involves outside teams.

My signature below indicates that I am aware of the risks of injury inherent in athletic activities and that such risks may include death, paralysis and other serious permanent bodily injury. I am willing to assume responsibility for any and all such risks of injury while participating in the sports camp period at the College.

I (including my parents, legal guardians, and legal representatives) hereby agree to indemnify, defend and hold harmless the College and its employees, officers, agents from any claims, demands, or suits for damages which may arise from my participation in the College's sport camp; or from any treatment, medical, or otherwise provided to me by the College's Staff.

Further, I absolve, indemnify, defend and hold harmless FCC from any breach of these presentations.

_____	_____
CAMP PARTICIPANT NAME	DATE
_____	_____
PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE