

Participation Agreement/Waiver

As parent/legal guardian of _____ (player's name), I realize the risks in injuries involved in the game of volleyball, and I agree to hold harmless MOUNT PLEASANT High School Volleyball Camp organization or support groups of this organization, along with their instructors and volunteer staff, for any and all injuries and/or losses incurred by my child while participating and traveling to and from this volleyball camp and I voluntarily assume all such risks. I further agree not to pursue any claims for accident or injury against MOUNT PLEASANT High School or any other support groups or this organization, their respective officers, agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by my child in connection with this camp.

I grant to any representative of MOUNT PLEASANT High School Volleyball Camp to give permission, consent and approval to any doctor, nurse or hospital to provide normal or emergency medical treatment (including anesthesia) as deemed necessary and in the best interest of my child while participating in this camp. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Parent/Guardian Signature _____ Date _____

Print Name of Parent/Guardian _____

***LIST INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD FROM CAMP
(FIRST + LAST NAME + CELL #):***

1. _____
2. _____
3. _____
4. _____
5. _____