

SUMMER CAMP WAIVER STATEMENT

All campers must have their own medical coverage. The Carolina Swim Camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to participate unless the following information is submitted and the form signed by the parent or guardian of the camper.

Campers Name _____

Campers Insurance Company _____

Address & Phone # _____

Policy Number _____

I/We undersigned, hereby certify that I/We am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the period of the camp, any appropriate medical attention warranted for the camper, and for the camper to receive medical attention in the event of an accident, injury or illness. I/we accept full responsibility for any and all costs of the above mentioned medical services and prescriptions.

I/We, the undersigned, hereby acknowledge and understand that the North Carolina Swimming Camp is a privately run sports camp, and is not operated by or through The University of North Carolina at Chapel Hill. The Camp is neither sponsored, controlled, nor supervised by The University of North Carolina at Chapel Hill but rather is under the sole sponsorship, control and supervision of the Camp.

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge The University of North Carolina at Chapel Hill and the Camp and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, loss of person or property which may be sustained or occur during participation in Camp activities or while at Camp, whether or not damages, injury, or loss is due to negligence.

PARENT/GUARDIAN SIGNATURE

DATE

PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

PRINT NAME