Berry College Waiver of Liability, Assumption of Risks, and Indemnification Agreement

GRIT VolleyballCamps and Clinics at Berry College

Waiver of Liability

Name of Camper (s):	
Applying for acceptance of my child to the GRIT Volleyball camp or clinic, I, intending to be legally bound hereby for myself, my heirs, executors, and administrators, wavier and release any and all rights and claims for damages I may have against the GRIT Volleyball camp or clinic, Berry College, Inc., their representatives, agents or assigns for an and all damages and injuries which may be sustained by me or my child in association with this camp/clinic. Also, I hereby authorize the director of GRIT Volleyball camps and clinics to act for me according to her best judgment in any emergency requiring medical attention. My child has had a recent physical examination and is physically able to participate in athletic activities, including volleyball. I further understand that GRIT Volleyball retains the right to use photographs of	
campers taken at camp for future GRIT Volleyball Camp Promotion.	
Parent or Guardian Signature	Date
Emergency Contact:	Phone:
Health Insurance Carrier:	
Policy Number:	
List any known allergies:	