



Lander University FCA Team Camp
Camp SLAM LLC

Emergency Health Form/Participation Waiver

Camper's Name: _____ Age: _____

Emergency Contact Person: _____ Emergency Phone #: _____

Any known allergies, medical conditions or pre-existing injuries: _____

Date of most recent tetanus immunization: _____

Insurance Company: _____ Policy#: _____ Group#: _____

Release of Liability

By signing this Student Permission Waiver Form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities of the Basketball Camp listed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release Camp SLAM LLC and its leaders, employees, officers, directors, volunteers, and partners from any claim that my student may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the student's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers or agents. I further agree to indemnify and hold harmless Camp SLAM LLC and its leaders, employees, volunteers, or agents from any and all claims arising from my student's participation in its activities and programs, or as a result of injury or illness of my student during such activities.

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Student Permission Waiver Form and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this organization, including any special events/activities as described by the camp advertisement. In consideration for allowing the participation of the student in these activities, I hereby consent to the Student Permission Waiver Form, including the Release of Liability above, on behalf of the student and agree that this Student Permission Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Printed name of parent/guardian

Signature of parent/guardian

Date



**FELLOWSHIP OF
CHRISTIAN
ATHLETES**