

Team Retreat Camp by VBcamps
Name of Camp

**Parental Permission/Authorization Form
Liability Waiver and Release**

By my signature below, I hereby give permission for (print child's full name) _____
(date of birth) _____ (social security number) _____ ("Child") to participate in the
(Name of Camp) Team Retreat Camp to be held at The University of North Florida from
(date) July 25 to July 27, 2008 (date). I am informed of the activities offered at the Camp, including: (List
specific sports and recreation activities, such as swimming) volleyball training and competitions, beach volleyball
tournament, team building _____, and I give permission for my Child to participate in all of these activities
with (Check one): _____ no exceptions _____ with the following Exceptions (List specific exceptions): _____

Knowing the dangers, hazards, and risks of such activities, and in consideration of my Child being permitted to attend and participate in the Camp activities as noted above, on behalf of my Child, myself, my family, heirs, personal representatives, I, as the undersigned parent/legal guardian of Child, agree to assume all the risks and responsibilities surrounding my Child's participation in the activities, transportation to and from the activities and in any independent activities undertaken as a Camp participant; and in advance, I release, waive, forever discharge, and covenant not to sue The University of North Florida, The Florida Board of Regents, and The State of Florida, their employees, agents and representatives ("RELEASES"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that my Child and I may have or that may have or that may hereafter accrue to one or both of us, arising out of or related to any loss, damage or injury, including, but not limited to suffering and death, that I/my Child may sustain or any property belonging to me/my Child while in, on, or in transit to or from the premises where the Camp activities are conducted.

I understand and agree that RELEASEES do not have medical personnel available at the location of the activities. I grant my permission for RELEASEES to authorize emergency medical treatment at an emergency care facility if necessary, and that such action by RELEASEES shall be subject to the terms of this Consent and Release Agreement. I understand and agree that RELEASEES assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Further, I understand that the University of North Florida does not provide accident/health insurance for Camp participants, and I assume personal and financial responsibility for any such medical care and treatment.

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ BEFORE SIGNING.

Print Name of Parent/Guardian: _____ Signature: _____ Date: _____

In case of an emergency, I may be reached at this address and phone number:

Address: _____ My Child's Health Insurer is: _____

Phone: _____ Company: _____
Policy No: _____
Group: _____