



WAIVER

**** SIGNATURE OF THIS DOCUMENT IS REQUIRED FOR CAMP PARTICIPATION. ****

Consent is hereby given for the applicant to attend the Squash and Beyond WORLD program. Permission is given for any emergency anesthesia, operation, hospitalization, or other treatment (whether for an emergency or not) which might become necessary. I agree to be responsible for any and all costs associated with such treatment, including the costs of return travel, if needed. All information will be kept confidential except information that may be disclosed to medical personnel or an other provider for my (or my child's) care.

I understand that the participant and parents share the responsibility for the participants' safety, for managing the risks and for determining the participant's suitability for the program in which he/she will participate. I have accurately completed any required application and medical forms and have reviewed all Squash and Beyond WORLD program information forms provided to me. I have (or my child has) no mental or physical problems or limitations that might affect my (or my child's) ability to participate that have not been disclosed to Squash and Beyond WORLD in writing.

I release Squash and Beyond WORLD from, and agree not to pursue a claim or sue Squash and Beyond WORLD for, any liability, claim, suit, or expense in any way associated with my (or my child's) enrollment or participation or the use of any equipment or facilities in the Squash and Beyond WORLD program. Neither I nor anyone acting on my (or my child's) behalf will make a claim against Squash and Beyond WORLD as a result of any loss, injury, illness, damage, or death suffered by me (or my child). This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence of Squash and Beyond WORLD to the fullest extent allowed by law and includes claims for breach of contract or any other type of suit. I do not waive any claims for gross negligence or willful or wanton conduct.

I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE THAT THIS FORM SHALL BE BINDING ON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES, AND ESTATE.

Participant Signature Date Print name here Date of Birth and Age

Parent or Guardian Signature Date Print name here