

Defiance College Camp Waiver and Release

Name of Participant: _____

In consideration of my child being permitted to participate in the *The Detectives of Defiance: Got Clue?* camp (Camp), I, intending to be legally bound, do hereby for myself, my personal representative, heirs, and next of kin, release, waive, and forever discharge, and covenant not to sue Defiance College, the Defiance College Board of Trustees, Defiance College staff, or any of their employees, instructors, volunteers, agents and others who are involved in this activity, from all liability and for all loss or damage and any claim of damage, on account of injury or death to my child or property whether caused by negligence or otherwise while participating in the Camp.

I hereby state that my child is physically and mentally able to participate in the above referenced activity and has no health problems that would present risk in participating in this activity. I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified medical personnel to render necessary emergency medical care for my child.

I also understand that any participant who does not abide by the rules and regulations set forth by the Camp and/or Defiance College is subject to dismissal without reimbursement or recourse.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date