



The Academy of the HOLY CROSS

SPONSORED BY THE SISTERS OF THE HOLY CROSS
4920 Strathmore Avenue Kensington, MD 20895 • (301) 942-2100 • Fax (301) 929-6440 • www.ahcrtans.org

SUMMER CAMP PARTICIPANT RELEASE AND WAIVER FORM

Camper's Name *Name of Parent/Legal Guardian*

Camper's Address *City* *State* *Zip*

Camp and Dates *School and Grade (Fall 2013)*

I, _____, as a parent or legal guardian of _____, a minor, hereby grant the permission necessary to allow my daughter to participate in the above camp to be conducted at The Academy of the Holy Cross. I agree that such participation subjects my daughter to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on the behalf of my daughter, acknowledge that my daughter is assuming the risk of such illness or injury by participating in the camp. In the event of such an illness or injury, I authorize The Academy of the Holy Cross to obtain necessary medical treatment for my daughter and release and hold harmless The Academy of the Holy Cross and the respective directors, representative, and employees of The Academy of the Holy Cross in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical related bills that may be incurred for any illness or injury that my daughter may sustain during the camp and while traveling to and from the camp.

I, in my own behalf and on the behalf of my daughter, hereby warrant that I have read this Release and Waiver in its entirety and fully understand the contents. I have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____

I acknowledge that I have read this Release and Waiver form:

Signature of camper: _____ Date: _____

Any known allergies of the camper: _____

Any known medical condition of which the camp should be aware: _____

Any medicine the camper is currently taking: _____

Name of Insurance Company: _____ Policy Number: _____

Address: _____

Telephone: (H) _____ (C) _____ (W) _____

CAMPER MUST BRING THE COMPLETED FORM TO THE FIRST DAY OF CAMP IN ORDER TO PARTICIPATE.