



**Jen Averill's Weed Whackers Spring 2024
Liability Consent Form**



Name _____ Date of Birth _____
Phone #: _____

Release and Medical Authorization

This is to certify that _____ has been examined by a physician within the past year, and that he was found to be physically able to participate in vigorous physical activity and competitive athletic sports.

Date of last tetanus shot _____

Any known allergies _____

Any medical problems we need to be aware of _____

Any medications you are currently taking _____

Is an identification band or card carried to alert others to allergy(ies), medical conditions or medication use? _____
If so, please explain. _____

Release of Liability and Medical and Surgical Authorization

In consideration of being permitted to participate in Jen Averill Field Hockey Camps, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. Jen Averill Field Hockey Camps will not be responsible for personal injury that results from negligent acts or omissions of the Camp employees. As a participant and/or parent or guardian, I do hereby release Jen Averill Field Hockey Camps and it's employees from all liability for personal injury or property damage which results from causes beyond the control of, and without the fault or negligence of, Jen Averill Field Hockey Camps and it's employees. I hereby authorize camp officials and representatives of Jen Averill Field Hockey Camps to photograph and/or record my minor child _____ during his or her participation in the camp. I understand that any photographs and audio and video recordings taken may appear in local news media and any Wake Forest publication, brochure, advertisement or any other media, including social media or other websites. I understand I have no right to inspect or approve the publications, materials, advertising, etc., or to determine how the photograph(s) or recording(s) will be used, and I further understand that any use described herein may be made without compensation or additional consideration.

I hereby authorize and give my consent to the health care providers to perform upon or administer to _____ (camper's name) any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections and minor operations and procedures.

I understand that Jen Averill's Wake Forest Field Hockey Camp offers an excess insurance for injuries as a result of and that all claims must first be filed with my primary insurance in order to be eligible for this excess coverage. I authorize my insurance company to pay benefits to the health care providers that Camp employees send my son to for evaluation and treatment. I authorize the disclosure of medical information to my insurance company and to the Jen Averill's Wake Forest Field Hockey Camp's excess carrier for the purpose of a claim.

This permission is good only while the student is attending Jen Averill's Wake Forest Field Hockey Camp and only until the student has turned 18 years of age.

Parent or Guardian _____ Date _____

Player _____ Date _____

Insurance Company _____

Address _____

Policy number _____

Policy holder _____