

# UNC CHAPEL HILL SUMMER CAMP WAIVER STATEMENT

All campers must have their own medical coverage. The camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to participate unless the following information is submitted and the form signed by the parent or legal guardian of the camper.

Camper's Name \_\_\_\_\_

Camper's Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

I/We, the undersigned, hereby certify that I/we am/are the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the period of the camp, appropriate medical attention for the camper in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy.

I/We, the undersigned, hereby acknowledge and understand that the Spirit Xpress Cheerleading Camp is a privately run sports camp, and is not operated by or through the University of North Carolina at Chapel Hill. The camp is neither sponsored, controlled, nor supervised by the University of North Carolina at Chapel Hill but is under the sole sponsorship, control, and supervision of the camp director, Don Collins.

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge the University of North Carolina at Chapel Hill and its staff, officers, agents, employees, representatives, successors, and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during participation in camp activities or while at camp.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date