



MORAVIAN COLLEGE WAIVER FORM

**Must be completed/signed by participant/parent/guardian of minor participant
BEFORE participating in activity**

Name of Event: **GREYHOUND BASKETBALL CAMP**

Participant Name: _____

Name of Parent/Guardian if under age of 18: _____

Medical Treatment Waiver & Release Form

In consideration of the use of premises or facilities owned or operated by Moravian College and/or in consideration of permitting my minor child to participate in the activity listed above, on behalf of my minor child, myself, my heirs, executors, administrators, successors or assigns I hereby release and forever discharge Moravian College & Greyhound Camps, their agents, servants and employees from any and all manner of actions, causes of action, suits, damages, claims and demands, on account of personal injury, including death or any other cause whatsoever, which I may have against them by reason of arising out of my minor child's participation in the above listed activity.

I understand and accept the risks involved in this activity.

* _____ **Date:** _____

Signature of Participant/Parent/Guardian

***must be signed by Parent/Guardian if participant under the age of 18**

(Please make certain that you have adequate health and accident insurance, since Moravian College will not be responsible for injuries resulting from your minor child's participation in physical activities). Greyhound Camps does have an excess accident policy with a deductible which will be applicable to you and your insurance.