



Lial Summer Camp Waiver Form

I _____ (parent/legal guardian) of:

_____ (list all students attending camp)

am not aware of any injury, illness, or other health related issues that would restrict my child's ability to participate in Lial summer camp and athletic camps.

I agree to assume all risks and expenses due to an injury that may occur as a result of my child's involvement in Lial summer camps and athletic camps.

I agree to hold Lial Catholic School or anyone acting on its behalf as a coach, camp leader, camp assistant, or administrator harmless in the event of an injury to my child while participating under the supervision of the above.

_____ Date _____

Signature of Parent/Legal Guardian

Emergency Contact #1

Name _____ cell _____

Emergency Contact #2

Name _____ cell _____

Please list student/s and any known allergies below:
