



PARENTAL CONSENT

In consideration of being allowed to participate in this Camp/Clinic/Academy, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Regents School of Charlottesville and its officers, servants, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this Camp/Clinic/Academy, or while in, on or upon the premises where the Camp is being conducted. To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the Camp's activities. I am fully aware of the risks and hazards connected with this Camp, I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSON INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the Camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE or otherwise.

During the period of the Camp/Clinic/Academy, I hereby give permission for the staff of the Regents School of Charlottesville to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is my express intent that this Waiver of Liability and Hold Harmless Agreement Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns a personal representative, if I am deceased, and shall be deemed as a RELEASE WAIVER, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Virginia. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete considerations fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent or Guardian

Date

Participant

Date