

**Tigard- Tualatin School District 23J  
Summer Athletic Camp  
Waiver and Release**

**Please read carefully before signing.**

The undersigned knows and understands that participating in this event includes an element of risk, and that I should not participate unless I am medically able. I assume any and all risks associated with this activity including, but not limited to illness, traveling to and from activities themselves, and the condition of the premises.

Having read this waiver and knowing these facts, and in consideration of monies paid for participation, I hereby for myself, my heirs, executors, administrator or anyone else who might make claims on my behalf, covenant not to sue, and waive, release and discharge Tigard-Tualatin School District, its officers, agents, employees, volunteers, and any other personnel in any way assisting or connected with this activity from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this activity even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver.

Further, the undersigned consents and authorizes Tigard-Tualatin School District on my behalf to obtain any necessary medical treatment or hospitalization or such other care necessary for the health and welfare of the named participant, and the undersigned agrees to be responsible for and pay the costs of such medical treatment or hospitalization.

**Contact Information for Parent/Guardian:**

Cell Phone (daytime) \_\_\_\_\_ Home Phone (evening) \_\_\_\_\_

**Medical Insurance Coverage Information:**

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list Participant's allergies, including food allergies, if any: \_\_\_\_\_

\_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Name of Participant \_\_\_\_\_  
*Please print clearly*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
*Please print clearly*