

# Augsburg University Camps Waiver

Child 1: \_\_\_\_\_ DOB \_\_\_\_\_

Child 2 \_\_\_\_\_ DOB \_\_\_\_\_

Child 3 \_\_\_\_\_ DOB \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Cell Phone 1: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **FOR EMERGENCY CONTACT!!!**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Parent Consent / Waiver of Liability

In consideration of my participation, I hereby forever release and hold harmless Augsburg University, the Augsburg University Board of Trustees, and any of their employees, volunteers, agents, and all others who are involved, from any and all present and future claims resulting from ordinary negligence on the part of the University or others listed for property damage, personal injury, or wrongful death resulting from my or child(ren) engaging in the Augsburg University Camp activities or any activities incidental thereto, wherever, whatever, or however the same may occur. I hereby voluntarily waive any and all claims both present and future resulting from ordinary negligence, that may be made by me, my family, estate, heirs, estate or assigns, and I relinquish on behalf of myself, spouse, heirs and assigns the right to recover for injury or death.

Special medical conditions or allergies? Circle one: Y N

Explain: \_\_\_\_\_

\_\_\_\_\_

Guardian Name Printed: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_