

Wisconsin Wave Sports Club Medical Release and Waiver

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A PLAYER/YOUTH BEGINS PARTICIPATION IN ANY WISCONSIN WAVE SPORTS CLUB PROGRAM. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I hereby authorize the staff of the Wisconsin Wave Sports Club, Athletic Republic, or JC Basketball Academy to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the Camp from any and all liability for any injury or illness incurred while at Camp. I have no knowledge of any physical impairment that would be affected by the above Camper's participation in the Camp program, as outlined in the brochure. I further understand the Camp retains the right to use for publicity and advertising purposes photographs of campers taken at Camp.

“As a participant or guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or the above participant may sustain as a result of participating in any and all activities connected with or associated with such programs.”

“I agree to waive and relinquish all claims I or the above participant may have as a result of participating in the program against the Wisconsin Wave Sports Club and its officers, agents, servants and employees from any and all claims from the injuries including death, damage or loss which I or the above participants may have or which may accrue to me (us) on account of participating in the program.

I have read and fully understand and accept the program details and waiver and release all claims.”

PLEASE ATTACH A SHEET OF ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF

Participant's Name: _____

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Date: _____