

## Holy Cross Strength and Conditioning Camp/Volleyball Waiver 2024

Player's Name \_\_\_\_\_ School \_\_\_\_\_  
Guardian's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Is the aforementioned child covered by insurance?** Yes No (If not, please check insurance waiver below.)

\_\_\_\_\_ **Insurance Waiver:** I, Guardian of this child, do not have my own health/injury insurance coverage. I assume all risks and hazards incidental to such participation without health/injury insurance coverage and do hereby waive, release ab-solve, indemnify and agree to hold harmless Holy Cross of San Antonio and its directors, supervisors, participants, volunteers and any other persons involved in Holy Cross of San Antonio.

I, Guardian of this child, hereby give my approval to his participation in the Holy Cross Volleyball Camp 2024 hosted by Holy Cross of San Antonio. I understand that any activity may result in serious injury or even death. I assume the risks and hazards incidental to such participation including transportation to and from such activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless Holy Cross of San Antonio and its directors, supervisors, participants, volunteers and any other persons involved in Holy Cross of San Antonio for any claim arising out of injury to my child.

\_\_\_\_\_ **Physical Examination:** I, Guardian of this child, believe to the best of my knowledge that he/she can withstand the rigors of an athletic activity. I, the Parent/ Guardian, believe there is nothing physically/mentally wrong with my child. I, the Parent/Guardian, hereby give my approval to my child to participate in the Holy Cross of San Antonio Volleyball Camp without a physical examination. I assume all risks and hazards incidental to such participation without a physical and do hereby waive, release, absolve, indemnify and agree to hold harmless Holy Cross of San Antonio, and its directors, supervisors, participants, volunteers and any other persons involved in Holy Cross of San Antonio while for any claim arising out of injury to my child.

I have read, understand, and agree to the above information:

**PARENT/GUARDIAN SIGNATURE**

**DATE**

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