

# Dunes Operation Center Liability Form



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Waiver I hereby give \_\_\_\_\_ (Student's Name) permission to participate in the Dunes Volleyball Camps. I will not hold the sponsor of the camp, the Dunes Operation Center, or Dunes Volleyball Club liable for any injuries that may occur. I take responsibility for any injuries and medical emergencies that may occur to the student listed above at this camp I have adequate hospitalization insurance to cover any injuries that may occur.

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