

## Waiver of Liability

I verify that my child has been checked by a licensed physician and is physically able to participate in physical activity on Urbana's Campus. I hereby agree and promise that I will not hold Urbana University or its employees responsible for loss, damages, or personal injury received as a result of participation. I hereby authorize the directors of the Urbana Volleyball Camp Series to act for my child according to their best judgement in an emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician and assume the cost related to such treatment.

Parent/Guardian  
**Printed Name** \_\_\_\_\_ Date \_\_\_\_\_

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

*\*Please make a copy of this form for your own records and bring the original to the first day of camp\**