



USS Cunningham Camp



Participant's Name _____

First

Middle

Last

Address _____

Street Address

City

State

Zip Code

Grade _____

Age _____

Shirt Size Youth M Youth L Adult S Adult M Adult L
 Adult XL Adult XXL

Parent or Legal Guardian's Name _____

Parent or Legal Guardian's Signature _____

Phone Number _____

E-mail _____

MEDICAL RELEASE FORM

As the parent/legal guardian of:

Participant Name:	
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Date of birth:	
Known allergies or health conditions, including any allergies to medicine: (Please describe in detail. Attach additional sheets as needed.)	
Any other medical problems which should be noted: (Please describe in detail. Attach additional sheets as needed.)	

Parent/Legal Guardian:					
Street Address:					
City:		State:		Zip:	
Home Phone #:	()	Work #:	()		

Person to notify if Parent/Guardian is unavailable:					
Street Address:					
City:		State:		Zip:	
Home Phone #:	()	Work #:	()		

Name of Parent / Legal Guardian:

Signature of Parent / Legal Guardian:

Date: _____

Witness: _____

This Accident Waiver and Release of Liability (the "Release") is executed by

_____ (the "Participant's Guardian") for the participant whose name

is _____ (the "Participant") and whose address is:

_____.

In consideration for the Participant being permitted to participate in the Steve Cunningham Sports Camp (the "Activity"), the undersigned does hereby release, waive, and forever discharge Steve Cunningham, AngerWear and CurvSports and anyone else who participates in the camp, their controlling persons, successors, affiliates, assigns, shareholders, members, managers, directors, officers, employees, agents or representatives (collectively, the "Camp") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action or costs and expenses of any nature for which Participant may have or which may hereafter accrue to the Participant or Participant's Guardian, arising out of or related to any loss, damage, or injury, including but not limited to suffering, pain, disability and severe injury (including death), that may be sustained by Participant or Participant's Guardian in conjunction with Participant's involvement in the Activity.

Participant and Participant's Guardian has signed this Release in full recognition and appreciation of the dangers, hazards and risks involved with the Activity, which includes without limitation significant, strenuous physical activity and work-outs. Participant further attests and Participant's Parent/Guardian agrees that the Participant and Participant's Guardian have each individually assumed the risks involved with this Activity.

Participant and Participant's Guardian each understand and acknowledge that this Release is binding on Participant and Participant's family, estate, heirs, administrators, representatives and assigns. Participant and Participant's Guardian further agree to hold harmless, indemnify and defend the Camp from any claim by Participant or Participant's family arising out of Participant's involvement in the Activity.

Participant and Participant's Guardian agree that the Camp is granted permission to seek and obtain emergency medical treatment, if necessary, and that such action by the Camp does not constitute any assumption of responsibility by the Camp for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

Participant and Participant's Guardian each certifies that Participant is physically fit and in good health and has not been advised otherwise by any qualified medical personnel. Neither Participant nor Participant's Guardian is aware of any health-related reasons or problems, which would preclude or restrict Participant's ability to take part in the Activity.

If any term or provision of this Release shall be held illegal, or unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected.

Parent Phone # (Home) _____ (Alternate) _____

Emergency Contact Name and Phone _____

Signature of Participant's Guardian: _____ Signature of Participant: _____

Date: _____

Date: _____