



304.865.6046 (office)
304.865.6045 (fax)
athletics@ovu.edu
www.ovu.edu/athletics

CAMP/CLINIC LIABILITY WAIVER AGREEMENT

Beginning ___/___/___ and continuing through ___/___/___,
start date of camp/clinic end date of camp/clinic

full name of participant

will be participating in the Ohio Valley University _____ Camp/Clinic.
name of sport

I understand my child's participation in this camp/clinic, and activities authorized as part of the camp/clinic, is at his/her own risk. Consequently, I agree to waive all liability and hold harmless Ohio Valley University and/or agents for any injury that may occur to my child while he/she is participating in this Ohio Valley University sponsored activity. I furthermore give Ohio Valley University employees or agents permission to seek emergency medical treatment for my child and authorize Ohio Valley University to contact: _____
enter name of preferred hospital

Signed: _____
signature of parent or guardian

My child has allergies to the following (include medications): _____

My child also has the following activity restrictions (list restrictions based on medical condition): _____