

**LMU WBB CAMP WAIVER**

EVENT NAME: \_\_\_\_\_ EVENT DATES: \_\_\_\_\_  
NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Does Participant have any medical conditions or disabilities? YES NO IF YES,  
PLEASE DESCRIBE:

\_\_\_\_\_

PARENT/GUARDIAN

1: \_\_\_\_\_

NAME Work Phone Home Phone Cell PARENT/GUARDIAN

2: \_\_\_\_\_

NAME Work Phone Home Phone Cell EMERGENCY

CONTACT: \_\_\_\_\_ AT (phone)  
\_\_\_\_\_ (If different from parents) for emergencies.

INSURANCE CARRIER ( PARENT): \_\_\_\_\_ I  
hereby authorize the staff of the Loyola Marymount University Camps and Clinics to  
act for me according to their best judgment in any emergency requiring medical  
attention for my child. I hereby waive and release the camp from any and all liability  
for injuries or illnesses incurred while at camp. I have no knowledge of physical  
impairment that would be affected by the above named camper's participation in  
the LMU camp program, as outlined in the brochure/flyer. Photos of my child taken  
during LMU camp activities may be used by LMU for promotional purposes.  
SIGNATURE OF PARENT OR GUARDIAN DATE

