

**Please bring waiver to the first session of camp and present at registration. Campers will not be able to participate in camp without this waiver.**

**Athletic Camp Liability Waiver** – We (I) the undersigned have adequate insurance and am/are willing to take full financial responsibility for any and all injuries sustained by our/my son/daughter/legal ward

\_\_\_\_\_, while participating in camp activities. (No trainer available)

We (I) further knowingly and voluntarily waive any and all claims against and forever release the camp, its employees, Molten Volleyball Camps and Club Fusion Inc.

**My insurance carrier is** \_\_\_\_\_ **Policy number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Our/my signature below will allow a coach or designated person to admit our/my son/daughter to a medical facility and/or to the care of a physician, if conditions warrant such action. First notification will be to the emergency contact listed above.

Parent or legal guardian signature \_\_\_\_\_ Date signed \_\_\_\_\_  
**(Signature and date required to participate)**

**Please inform the lead coach on the first day of camp of any medical conditions or any recent injuries we need to be made aware of.**