



## Medical Release Waiver

Participant's Name \_\_\_\_\_

Contact person in the case of an emergency  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Medical conditions, impairments or allergies:  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, parent/ guardian of \_\_\_\_\_ (child's name) hereby release Marquette University (MU) from all claims of damage, demands and actions whatsoever, including costs and attorneys fees, arising out of the negligence of MU in conjunction with my child's participation in the 2010 MU Women's Basketball Camp and includes, but is not limited to, my commitment to hold MU harmless from any such claim against it.

I hereby submit that my child is physically able to participate in the camp. I understand that there are risks inherent in basketball activities, and I assume such risks on behalf of my child. I hereby release MU from all liability arising from negligence of MU, their agents, officers, directors, and employees if my child is injured and/or claims should arise out of my child's participation in the 2010 MU Girls' Basketball Camp.

I hereby authorize MU to act for me according to its judgment in any emergency involving my child requiring medical attention. In the event of an emergency, MU has my permission to administer first-aid or obtain emergency medical treatment in my child's best interest. I agree to pay all expenses incurred due to any emergency involving my child in conjunction with the 2010 MU Girls' Basketball Camp.

I have read and understand and agree to the terms and conditions of this release.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_  
\* (If participant is under the age of 18, parent's or legal guardian's signature)

Participant's Name \_\_\_\_\_

Contact person in the case of an emergency  
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Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Medical conditions, impairments or allergies:  
\_\_\_\_\_  
\_\_\_\_\_

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