Informed Consent, Liability Release and Medical Treatment Authorization

I request that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be permitted to participate in the identified sport/athletic Camp activity and agree to the following: I understand and agree that my child’s participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to death, injury, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons. I will counsel my child so he/she understands this it is important for his/her safety and the safety of others, to follow all instructions of the Camp coaches and staff. I agree that I am responsible for my child’s conduct while he/she is at camp and assume all risks and liabilities associated with my child’s participation in this activity.

In consideration for my child’s participation in this activity,  
on behalf of myself and my child, I release, discharge and hold harmless the Camp, the Town of Greenwich, its counselors and volunteers for all liability claims, costs and expenses, arising  
out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the Camp and Town of Greenwich, its coaches and volunteers.

I am the parent/legal guardian of the child who is healthy and physically able to participate in the activity. I further agree that the Camp staff are authorized to obtain and authorize emergency medical treatment for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child and myself I further release the Camp, Town of Greenwich and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**