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BREVARD DISTANCE RUNNERS CAMP PARENTAL CONSENT FORM

Please fill this form out & mail back to BDRC; PO Box 1940; Brevard, NC 28712

No camper will be able to participate without this form

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (print name of camper) who is attending Week _____ (1, 2 or 3) of camp 2012.

I hereby give permission for the camp staff to seek appropriate medical attention for my child during the camp, for the medical attention to be given to my camper, and for my camper to receive the medical attention in the event of accident, injury or illness. I give permission for the physician selected by the staff of the Brevard Distance Runners Camp to order x-rays, routine tests and treatment for the health and safety of my child, regardless of his/her insurance status. In the event I cannot be reached in an emergency, I hereby grant permission to the attending physician to hospitalize, secure proper treatment for and to order injections, and/or anesthesia and/or surgery for my child. I will be responsible for any and all costs of medical attention and treatment needed for my son/daughter. If uninsured, I grant permission for my child to be seen at the Transylvania Community Hospital Emergency Room.

I, the undersigned, understand that cross country running is an active, physical sport and that injuries can and will take place during participation at camp. I also understand that there will be more campers than camp staff and that my son/daughter cannot receive individualized attention and individualized supervision all of the time. I hereby acknowledge that our child is physically fit and mentally capable of understanding camp rules, regulations and instructions of the staff in order to participate in camp activities.

I, the undersigned, hereby acknowledge and understand that the Brevard Distance Runners Camp, Inc. is a privately run sports camp and is not operated by or through Brevard College. The camp is neither sponsored, controlled, nor supervised by Brevard College, but rather is under the sole sponsorship, control and supervision of the Brevard Distance Runners Camp, Inc and camp director, Norm Witek. I waive, release, and forever discharge Norm Witek, Brevard Distance Runners Camp, Inc, Brevard College, Adidas and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising from or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities, while being transported to and from camp, or while at camp.

I give permission for the Brevard Distance Runners Camp to take photographs of my son/daughter while engaged in camp activities for the sole purpose of advertising and publicity and I understand that his/her identity will remain anonymous in conjunction with any photograph used in marketing.
My signature below indicates that I have provided true information on this form and have read, understand and agree to all statements on this form. Both parents must sign.

X_____ _____ _____
Parent/Guardian Signature Date Printed Name

X_____ _____ _____
Parent/Guardian Signature Date Printed Name