

**Consent to Treatment and Limitation and Waiver of Liability**

As the parent/guardian of the camper listed above, I hereby agree to the following as a condition of the registered sports camp attendee’s participation in the Wayne State University (WSU) camp program and related activities.

I give permission to WSU, Henry Ford Hospital, Detroit Receiving Hospital, or other health care provider to render to the registered camper medical consultation and any emergency medical care during the campers involvement in the WSU camp program. I understand that all possible effort will be made to inform me in case of such treatment.

I attest that a physician has examined the camper in the past twelve months and that said camper was found to be in good health.

I further attest that currently there is no medical reason to preclude the camper from participating in the strenuous activities of the camp.

I acknowledge that participation in sports camp program and related activities involves assumed and inherent risk of personal injury (including death). I assume such risk on behalf of the camper and give my permission to the camper to participate in all sport camp activities. I release and agree to hold harmless WSU, its Board of Governors, agents, officers, staff and employees from claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any camp activity. I understand that the camper will be subject to the rules and regulations of WSU camp. I understand that any person who repeatedly ignores camp policies or procedures will be immediately expelled from the camp.

\_\_\_\_\_  
Printed Name of Student-Athlete

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian if under 18

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Student-Athlete