



Kentucky Christian University Athletics

Athletics Camp Waiver

As the parent or guardian of _____, I do hereby grant permission for him or her to participate in all camp activities. We understand that Kentucky Christian University does not provide medical insurance covering injuries of any nature incurred during the camp. The undersigned do hereby release Kentucky Christian University and camp staff from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from the participation in the camp. ALL CAMPERS MUST BE COVERED BY THEIR OWN INSURANCE.

Parent/Guardian Signature (if under 18): _____

Camper Signature (If over 18): _____