

**Washburn University
Camps & Clinics
Waiver/Release**

CAMP SESSION: _____

Camper First and Last Name (Print Clearly)	Age	School
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Waiver/Release: In consideration for the acceptance of this application by Washburn University of Topeka, and with full knowledge and recognition of the dangers and hazards inherent in participation in such activity, which may include sprains, lacerations, contusions, broken bones, concussions, infectious diseases or death, I do hereby agree to assume all the risks and responsibilities surrounding applicant's participation in such activity; and, further, I do hereby agree for the applicant, my or his/her heirs and personal representatives, to defend, hold harmless, indemnify, release and forever discharge Washburn University of Topeka, its officers, agents and employees from and against any and all claims, demands, actions, or cause of action on account of damage to personal property or personal injury or death which may result from causes beyond the control of, and without the fault or negligence of Washburn University of Topeka, its officers, agents or employees during applicant's participation in such activity. By signing below, the applicant and the parent/guardian agree to the terms of this waiver/release and also give Washburn University permission to use photos taken during Washburn camps and clinics.

Parent/Guardian Signature	Date
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Emergency Contact First & Last Name (Print Clearly)

Emergency Contact Phone Number, incl. area code

Email Contact