

# Generals Lacrosse Camp, LLC

Mon-Thurs, July 19-22, 2010

## Medical Treatment Authorization

Camper's First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I / We, being the legal guardian(s) of the camper, authorize Generals Lacrosse Camp, LLC and its agents to request medical treatment as necessary, to ensure the well-being of my/our dependent.

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

## Photography Release

I / We, being the legal guardian(s) of the camper, authorize Generals Lacrosse Camp, LLC and its agents to use photographs at camp of the camper named above for all Generals Lacrosse Camp, LLC marketing materials, including the camp website.

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

## Waive and Release

### Parent(s)/Guardian's Assumption of Risk and Acknowledgment:

I verify that my child has been checked by a licensed physician and is physically able to participate in the Generals Lacrosse Camp. In addition, I understand that attendance at a lacrosse camp carries certain risks of injury and I assume all risks resulting from participation in this camp. I understand that the camp is not operated or controlled by The Washington and Lee University and will hold harmless The Washington and Lee University, its Trustees, officers, employees, agents, and any and all affiliated departments, or the Generals Lacrosse Camp, its staff, officers, agents, representatives, employees, and successors from any and all liability, causes of action, claims and demands of every kind or nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

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

**Please complete all 4 camp forms, including required signatures, immunization records, and photocopy of insurance card, and mail them to:**

Generals Lacrosse Camp, LLC  
Brooke Diamond  
20 Beverly Ct, # 4  
Lexington, VA 24450