

THIS IS A RELEASE

WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to participate in any way in the Keystone State Camp, Ltd. Athletic/sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1. I, the undersigned, agree to follow the rules of Keystone State Camps, Ltd., obey my coach(es)/team leader(s), tournament officials and directors. I am in good physical condition and have not disease of injury that impair my doing my best in competition.
- 2. I hereby authorize any first aid, medications, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical personnel to execute on my behalf any permission forms and other appropriate medical documents and act on my behalf if I am not immediately available to do so.

I HEREBE DECLARE THAT IF I AM NOT COVERED BY A PERSONAL INSURANCE POLICY, ANY BILLS INCURRED AS THE RESULT OF MY PARTICIPATION WILL BE MY SOLE RESPONSIBILITY. IN NO WAY WILL KEYSTONE STATE CAMPS, LTD., IT'S OFFICERS, OFFICIALS, AGENTS AND/OR EMPLOYEES, OTHER PARTICIPANTS, OWNERS AND LESSORS OR PREMISES ASSUME ANY FINANCIAL OR LEGAL RESPONSIBILITY OF INJURIES INCURRED.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANCIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's name (please print)

(Participant's signature and date)

Parent/Guardian's signature and date

Relationship to participant

Parent/Guardian's signature and date

Relationship to participant

Return signed and dated form to:
Keystone State Camps, Ltd., 7 Hemlock Road, Williamsport, PA 17701