

## Holly Hatton Racing Camp

@ Boston University

285 Babcock Street

Boston, MA 02215

Phone: 617-258-5299

Fax: 617-353-5286

### PARENTAL RELEASE FORM

This form must be completed in **FULL**, including signature of Parent or Guardian, and either mailed or faxed to the above address by July 1, 2008. Campers will **NOT BE ALLOWED** participate without the completed medical and parental release forms.

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian) (name of camper)  
attend and participate in the Holly Hatton Racing Camp from July 21, 2008 – July 26, 2008.

I authorize the staff of the camp to use their best judgement in allowing my child to receive emergency/medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

**PLEASE BE ADVISED THAT YOUR CHILD MUST BE IN GOOD HEALTH WHEN ARRIVING AT CAMP. THE DUTIES OF CAMP PERSONNEL CANNOT INCLUDE PROVIDING MEDICAL CARE FOR CAMPERS ARRIVING AT CAMP WITH A PRE-EXISTING CONDITION.**

I hereby:

1. Certify that, to the best of my knowledge, the medical information is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve the potential for injury.
3. Agree not to hold the staff responsible for any injury sustained during camp participation.
4. Agree not to bring suit against camp staff or Boston University for any injury sustained.
5. Agree to allow the Camp Director to use sound judgement in obtaining necessary medical care, at the expense of the parent.
6. Agree to accept any decisions made by the Camp Director in terminating attendance due to unacceptable behavior.

I can be reached by phone during the day at: \_\_\_\_\_ and in the evening at:  
\_\_\_\_\_.

An emergency / alternative contact person is: \_\_\_\_\_ and can  
be reached by phone at: (DAY) \_\_\_\_\_, (EVE.) \_\_\_\_\_.

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

**PLEASE ATTACH COPY OF INSURANCE CARD**

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)