

Athletic Activities to be Restricted: _____

Special Medications or Dietary Regimen to be Continued: _____

All medications to be taken at camp must be done through the director of the camp.

List any health conditions such as heart disease, diabetes, epilepsy, allergies, eye or ear problems, or any chronic problems etc.:

DISCRETIONARY ITEMS The director or designee may administer the following over-the-counter items to this child as needed: (Check those we **MAY** give) Neosporin _____, Peroxide _____, Throat Lozenges _____, Anti-itch lotion or spray (Cortisone) _____, Sunscreen _____, Rubbing Alcohol _____.

AS A GENERAL RULE, GERSTELL - FALCON SPORTS CAMPS LLC WILL ATTEMPT TO CONTACT THE PARENTS, LEGAL GUARDIANS, ASSIGNED RESPONSIBLE RELATIVES OR NEIGHBORS FIRST. IN THE EVENT CONTACT CANNOT BE MADE, I UNDERSTAND AND HEREBY AUTHORIZE AND CONSENT THE DIRECTOR OF GERSTELL - FALCON SPORTS CAMPS LLC, OR HIS/HER AGENT TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

I FURTHER AGREE TO PAY AND TO HOLD GERSTELL - FALCON SPORTS CAMPS LLC AND GERSTELL ACADEMY HARMLESS ON ACCOUNT OF ANY MEDICAL, DENTAL, HOSPITAL, TRANSPORTATION OR OTHER RELATED CHARGES INCURRED ON BEHALF OF THE CHILD.

WAIVER AND RELEASE:

Please read this form carefully and be aware that by registering for and having your child participate in the Gerstell - Falcon Sports Camps LLC, you will be waiving all claims for injuries your child might sustain arising out of his/her participation. Please complete this form. You will not be admitted to camp without this form completed.

I recognize and acknowledge that there are certain risks of physical injury to participants in sports camps and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation. I further agree to waive and relinquish all claims against the Gerstell - Falcon Sports Camps LLC, its affiliates and Gerstell Academy Inc., Freven Foundation Charitable Trust and its affiliates, camp directors, volunteers, and camp employees that I or my minor child/ward may have (or may accrue to me or my minor child) as a result of his/her participation.

I do hereby fully release and forever discharge Gerstell - Falcon Sports Camps LLC, its facilities and Gerstell Academy Inc., Freven Foundation Charitable Trust, from any and all claims for injuries, damages or loss that my child or I may have or which may accrue to me or my minor child and arising out of, connected with, or in any way associate my child's camp participation.

I understand that the Gerstell - Falcon Sports Camps LLC retain the right to use for publicity and advertising purposes, photographs of campers taken at camp.

I have read and fully understand the above waiver and release of all claims.

Authorized Parent/Guardian Signature

Date

Participant's Name (Printed)