

Kolob Canyon String Camp Liability Waiver Form
To be signed for Participants of Kolob Canyon String Camp

By signing this document, you will assume certain risks and responsibilities. Please read carefully.

Name of camper/participant:

Name of parent/guardian completing the Waiver:

Address of participant:

Street Address

City

State

Zip Code

Phone Number

Email

I, the undersigned, hereby declare and affirm that:

I am the parent/legal guardian of the youth named above (hereinafter referred to as "Child"), who is under my care and responsibility.

I hereby consent and give authority to the participation of my Child in the scheduled activities of Kolob Canyon String Camp (hereinafter referred to as "KCSC"), and all other activities which are supervised and customarily associated with KCSC.

I hereby declare and affirm that my Child is physically fit to take part in KCSC's activities and my Child has no known illness or adverse medical condition that would render him/her/them unfit to participate therein.

I shall immediately advise the organizers in writing, should I discover any illness, adverse medical condition, or any other physical defect that would render my Child unfit to participate in the learning and recreational activities of KCSC.

I acknowledge that my Child is voluntarily participating in KCSC activities. In consideration of that participation, I hereby acknowledge that I am aware that there are risks in attending events in public places. The undersigned does not hold the Administrators of Kolob Canyon String Camp or the Iron County School District liable for bodily injury or damages to personal property.

By signing below, I acknowledge that I have read this agreement and understand it.

Parent/Guardian Signature:

Date: