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Name _____

DOB _____

Date of Camp _____

1. List any medical condition

2. List any medication currently taking

3. List any allergies

IN CASE OF EMERGENCY PLEASE CONTACT

Name _____

Phone _____

As parent or legal guardian of the participant named above, I hereby authorize the director of the camp and subordinates to seek any medical/surgical treatment which is reasonably thought to be necessary for the care of my child.

I hereby waive and release Olympia Fencing Center and the camp's staff for any liabilities due to injuries incurred during the camp and I accept full financial responsibility for any medical treatment which may occur.

Signature of Parent or Guardian _____

Date _____