

## Bear Cub Release Waiver

Waiver Claims: I, as a parent or guardian, hereby give permission for my child to participate in the Bear Cub Camp conducted by BTHS and the BT Dance Team. I acknowledge the fact that he/she is physically able to participate in dance camp activities. I hereby authorize the dance coach and/or the instructors of the Bear Cub Camp to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) due to sickness or injury to my son or daughter. I hereby waive any claim I might have against the coach and/or, the instructional assistants of the Bear Cub Camp, and the institution providing the facilities (Bartram Trail High School). Attendee and family assume all risks of COVID when participating in Bear Cub Camp activities and performances. SJCS, BTHS, its staff and the dancers are not held accountable.

Print Name of Dancer and Grade: \_\_\_\_\_

Print Name of Guardian: \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Contact Name and Number: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Allergies or Medical Needs: \_\_\_\_\_

Primary Care Physician Name and Number: \_\_\_\_\_