

Insurance Waiver

CAMPER NAME: _____

CAMP WEEK: _____

Purpose: Every camper must present verification of insurance or a completed insurance waiver in order to participate. This form is a statement from _____ parents indicating they do not have insurance coverage for their child.

_____ IS NOT COVERED BY INSURANCE.
(Please **print** camper's name.)

IT IS OUR UNDERSTANDING THAT **MARANATHA MUSIC and DRAMA CAMP** WILL NOT ASSUME THE RESPONSIBILITY OR OBLIGATION FOR ANY MEDICAL BILLS OR DEBTS RESULTING FROM ANY INJURY TO THE ABOVE NAMED CAMPER WHILE PARTICIPATING IN ANY CAMP ACTIVITIES.

I hereby authorize the staff of the Maranatha Summer Camp located in Watertown, Wisconsin, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care necessitated by injury or illness, while the above-named child is attending the Maranatha Summer Camp. Such treatment is to be rendered to the camper under the general or special supervision or the advice of a physician or surgeon licensed to practice in the State of Wisconsin.

I hereby waive and release the camp from any and all liability.

I hereby affirm that my child has no physical conditions, which will limit participation in the full range of activities being planned.

_____ Date _____
Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

_____ Street
Address

City, State, Zip

Home Telephone

Work Telephone