



2024 Legends of Tennessee Camp Waiver

Player's Name: _____

Emergency Contact: _____

Emergency Contact Number: _____

Email: _____

Parent/Guardian Release Form: In consideration of the acceptance of this application for enrollment in the 2024 Legends of Tennessee Camps, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against all sponsors and all employees of the 2024 Legends of Tennessee Camps for any or all damages which may be sustained and suffered by me in connection with my/our association with or entry into this camp(s), and which may arise out of my traveling to, participating in or returning from the camp(s). I hereby authorize the staff of the Legends of Tennessee Camp to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Legends of Tennessee Camp from any and all liability. I hereby grant permission for my child to participate in the Legends of Tennessee Camp and if injury should occur during, traveling to or returning from the camp, I agree to pay for all costs, present and future, through the insured's medical insurance policy and/or personal finances.

I grant permission for the Legends of Tennessee Camp staff to take and use photographs of my child: Yes _____ No _____

Parent/Legal Guardian Signature: _____

Date: _____