

# DUKE VOLLEYBALL CAMP

Box 90555; Durham, NC 27708 Phone: 919-684-2778

## WAIVER AND RELEASE STATEMENT

The undersigned being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health, and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

I understand that, as a participant in the camp, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby release the Duke Volleyball Camp, Duke University, the Duke University Athletic Department, Jolene Nagel and all other employees or agents of the camp from any liability from any loss or damage of personal property, injury or illness, mental or physical suffered by the camper during or related to camp.

Participant's Name: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

This is the \_\_\_\_\_ day of \_\_\_\_\_, **2019**

## Please Return ASAP

Duke Volleyball Camp  
Box 90555  
Durham, NC 27708  
Fax: 919-681-7866  
Scan: [cj.hunter@duke.edu](mailto:cj.hunter@duke.edu)