

WSU Spirit Unit



Wright State Medical Release & Waiver of Liability Form

I, _____ release the **Wright State University Spirit Unit** and all other entities from liability in the event injury and or death should occur while participating in the **Wright State Spirit Unit Commuter Camps, Clinics or Workshops**.

I am also in good health and able to sustain the competition regimen that must be performed while participating in this event.

Due HIPPA laws, the camp staff has my authority to release any pertinent medical information to the proper emergency providers in the event of injury.

THE WRIGHT STATE UNIVERSITY ATHLETIC TRAINING ROOM STAFF HAS PERMISSION TO PROVIDE EMERGENCY MEDICAL CARE IN THE EVENT OF INJURY OR ILLNESS.

Participant Signature

Date

Parent (s) Signature *(if under 18 years old)*

Date

Medical Insurance Provider _____

Policy # _____

Home Telephone _____ Emergency Telephone _____