

Parental Release

Name of Camper: _____

I certify the above-named camper is in good health, adequately trained, and fully able to participate in all activities of Cross Country University Running Camp (hereby known as XCU Camp). I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in the XCU Camp program. I give permission for the named camper to receive emergency/medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me prior to such action. I will be financially responsible for any and all costs of medical attention for the named camper. In consideration of this application I, the below signed, 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 officials of XCU Camp or Camp Lindenmere for any and all injuries suffered as a result of participation at this camp.

Parent/Guardian Signature _____

Date _____

Health Insurance and Emergency Contact Information

Insurance carrier: _____

Policy # _____

Policy Holder Name: _____

Group # _____

Emergency Information: (if parent/guardian can't be reached)

Emergency Contact name: _____

Emergency Contact Phone # _____

Please completed form to:

XCU Running Camp
c/o Jen Loxton
287 Old Deal Rd.
Eatontown, NJ 07724

Cross Country University
<http://xcucamp.com/>