**MEDICAL WAIVER**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attendee at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located on Virginia Commonwealth University’s campus, to receive medical and emergency care while on campus and to be treated by a physician or other appropriate medical personnel in a manner he/she thinks is appropriate, in case of a medical emergency and/or a problem. I understand that I am responsible for the payment of all medical and emergency services rendered. If under the participant is under 18, the parent/guardian agrees that emergency medical staff and VCU staff may take appropriate action in the child’s best interest, in the event of an emergency, in which a parent/guardian cannot be contacted

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Name of Participant Signature of Participant

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Name of Parent/Guardian (if under 18) Signature of Parent/Guardian (if under 18)

**PHOTO WAIVER**

I \_\_\_ DO \_\_\_\_\_\_ DO NOT give permission for my photos to be used in future publications by VCU or other organizations sponsoring a summer camp.

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Name of Participant Signature of Participant

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Name of Parent/Guardian (if under 18) Signature of Parent/Guardian (if under 18)