

Dover Cross Country Camp Insurance Waiver/Release Form

All Dover Cross Country campers must have primary insurance to attend Dover Cross Country Camp

I hereby, authorize the staff of the Dover Cross Country Camp to act for me according to their best judgment in any emergency requiring medical attention. I also hereby waive and release the staff of the Dover Cross Country Camp, the Dover Area School District and its officers, agents, coaches, coordinators, servants and employees from any and all liability for any injuries sustained while my son or daughter is at Camp. I have disclosed any physical impairment that would affect my son or daughter's participation in the camp.

Name of Camper:
Name of Ins Company:
Policy Number:

Physical impairment disclosure:

Signature of Parent / Guardian:	Date:
Signature of Participant:	Date:

Please complete one form for each family member attending Dover Cross Country Camp.