

Bethel University Christian Volleyball Camp Waiver

I certify that my child has been examined by a physician and found to be in good health and able to compete in all activities without restriction. I authorize the directors of the Bethel Volleyball Camp to act for me according to their best judgment in an emergency require medical attention. I hereby release Bethel University, Bethel Volleyball Camps, and their employees from all claims resulting from any injury my daughter sustains while attending camp.

Parent/Guardian Signature

Date
