



MORAVIAN COLLEGE WAIVER FORM

**Must be completed/signed by participant/parent/guardian of minor participant
BEFORE participating in activity**

Name of Event: _____

Participant Name: _____

Name of Parent/Guardian if under age of 18: _____

Address: _____

Phone #: _____

Emergency Contact: _____ Emergency Phone #: _____

Name of School (if applicable): _____

Please list any and all allergies: _____

Please list any medication you are currently taking: _____

Insurance Company: _____

Policy #: _____ ID #: _____

Please check here if the participant is NOT covered under an insurance policy. Please be aware that all bills will be sent directly to the parent and/or legal guardian.

Medical Treatment Waiver & Release Form

In consideration of the use of premises or facilities owned or operated by Moravian College and/or in consideration of permitting my minor child to participate in the activity listed above, on behalf of my minor child, myself, my heirs, executors, administrators, successors or assigns I hereby release and forever discharge Moravian College, its agents, servants and employees from any and all manner of actions, causes of action, suits, damages, claims and demands, on account of personal injury, including death or any other cause whatsoever, which I may have against them by reason of arising out of my minor child's participation in the above listed activity.

I understand and accept the risks involved in this activity.

* _____ Date: _____

Signature of Participant/Parent/Guardian

***must be signed by Parent/Guardian if participant under the age of 18**

(Please make certain that you have adequate health and accident insurance, since Moravian College will not be responsible for injuries resulting from your minor child's participation in physical activities).