**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.

__________________________________________________________

Name of Participant                                                                                     Signature of Participant

__________________________________________________________

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.

__________________________________________________________

Name of Participant                                                                                     Signature of Participant

__________________________________________________________

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