

Please complete waiver and return with your check payable to:

Bishop Watterson High School, Attn: Summer Camp, 99 East Cooke Rd., Columbus, OH 43214.

NAME OF CAMP _____

Name _____ Address _____

City _____ St _____ Zip _____

Parent/Guardian: _____

Home Phone _____ Work Phone _____ Cell _____

School _____ Grade entering fall '09 _____

DATE OF CAMP _____ AMOUNT \$ _____ Adult shirt size: S, M, L, XL, XXL

SESSION _____ TIME _____ Location: (Refer to camp list for location)

Deadline for registration postmarked by May 26, if later, bring to first day of camp.

WAIVER

The undersigned, in partial consideration for the participation of his/her child in Bishop Watterson Summer Camp does hereby waive, release and forever discharge Bishop Watterson High School, its' agents and employees, from any and all injury or damages sustained by the participant child or his/her parents, or out of said participation. In addition the undersigned does hereby agree to indemnity and save harmless Bishop Watterson High School, its'agents and employees, from any and all claims or demands for loss, cost injury or damage whatsoever arising from the participation of his/her child in the above mentioned activities, including but not limited to negligence of said child.

Parent/Guardian Signature _____ Child's _____

Also complete portion below for confirmation to be sent:

Name _____ Sport _____ Session _____ Date _____

Address _____ Child's name _____

City _____ St _____ Zip _____