



# Eastern Ohio Band Camp

## Waiver of Liability/Medical Release form

Campers must provide their own Insurance.

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**Parent or Guardian's Signature**

### ***Health Certificate***

It is understood that my son or daughter will present an emergency medical form from school on or before the day he or she enters camp, properly filled out by a licensed physician, stating that he or she is free of communicable disease and physically able to take part in all camp activities. Please Note: A copy is sufficient and helps to eliminate the mailing back of originals.

### ***Waiver and Release***

In consideration of my application being accepted, I, intending to be legally bound do for myself, my heirs, executors, and administrators, waive any and all rights and claims for damage, which I may have or which may hereafter accrue to me against the Eastern Ohio Band Camp and/or LAH & Associates, LLC, or their representatives, successors and assigns for any and all damage which may be sustained or suffered by me in connection with my association with or participation in, and for rising out of my travel to and returning from said Eastern Ohio Band Camp in Sherrodsville, Ohio.

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**Parent or Guardian's Signature**