

**Santa Fe Indian School**

Basketball Camp-Insurance and Liability Waiver Form

Insurance and Liability Release

I agree to release the Santa Fe Indian School, The 19 Pueblos and Their Governors, Board of Trustees, it’s officers, employees, coaches, and volunteers from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness, or harm of any kind or nature arising out of participating in the camp activity whether caused by negligence of releases or otherwise except that for which they are solely responsible.

* I understand that I am required to have accidental medical coverage for the child listed on this waiver, and verify that the information provided on this form is accurate and true.
* I understand and agree that if I do not have accidental medical coverage for the child listed on this waiver, I will be financially for all charges and fees incurred in the rendering of said treatment.
* In case of an injury, I authorize staff of the Santa Fe Indian School to render first aid.
* I understand that at the discretion of the camp supervisor and staff my child may be dismissed from the camp without refund for inappropriate behavior.
* I understand that at the conclusion of the scheduled camp time the program and staff are no longer responsible for my child.
* I hereby authorize the Santa Fe Indian School staff and volunteers to act for me in case of an emergency and waive and release The Santa Fe Indian School staff, volunteers, and its facilities from any and all liability, injuries, or illnesses occurred while at camp.
* I give permission to use, reprint, and produce any photographs or videos taken of me or my child during the Running Braves basketball camps.

Camp Participant’s Name: (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Participant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Under 18 years of age**

Parent(s) or Legal Guardian(s) Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Participant’s Insurance Information:**

Policy Holders Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_