



Tallulah Falls School  
P.O. Box 249  
Tallulah Falls, GA 30573

**SPORTS CAMP WAIVER AND RELEASE**

I, the undersigned parent or guardian, in consideration of my child's participation in a Tallulah Falls Sports Camp, (hereinafter the "Camp"), do hereby, for myself, my child's, my heirs and executors, waive, release and forever discharge Tallulah Falls School, Inc., including its affiliates, employees, sponsors, and agents of all injuries, claims, demands, damages, rights of action, present or future resulting from or arising out of my child's participation in any Camp programs on or off the premises (which includes transportation to and from the Camp).

I, as a parent or legal guardian, understand the rigorous athletic activity and have actual knowledge and appreciation of the particular risks involved in participation in the Camp. I hereby voluntarily consent to and assume full responsibility for my child's participation and assume the risks arising wherefrom.

I understand that Tallulah Falls School, Inc. does not provide health, accident, or any other insurance for my child while participating in the Camp. Additionally, I hereby provide a grant of license and release to use photographs and/or videos of Camp participants and activities for publication for the purpose of promoting Tallulah Falls School, Inc.

**I HAVE READ AND UNDERSTAND THE WAIVER STATEMENT AND THE REGISTRATION INFORMATION. THE REGISTRATION IS NOT VALID WITHOUT A SIGNATURE.**

Name(s) of Child(ren) participating in the Tallulah Falls School Sports Camp:

\_\_\_\_\_

Name of Parent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact address and telephone numbers: