

**Liability Waiver and Insurance Statement**  
**Conference Services at Mississippi University for Women and \_\_\_\_\_**

I acknowledge that my participation in the \_\_\_\_\_ camp/program at Mississippi University for Women, \_\_\_\_\_, 2006, with \_\_\_\_\_ (Conference Group/Organization and name of sponsor) may involve risks including, but not limited to motor vehicle accidents and other potential personal injuries and property damage. I assume responsibility for all risks. I indemnify and hold harmless Community Living and Conference Services at Mississippi University for Women, its trustees, officers, employees, agents, and \_\_\_\_\_ (Conference Group/Organization and name of sponsor) from any liability arising from, or proximately caused by my participation in this camp/program.

I further acknowledge that I have comprehensive health insurance coverage that will be in effect during the date(s) of this camp/program. The insurance company is:

\_\_\_\_\_

and my policy number is \_\_\_\_\_.

Printed name \_\_\_\_\_ Age \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE:**

I am fully aware of the risks that may be involved, and I consent to have my child participate in the aforementioned camp/program. Insurance coverage is indicated above.

\_\_\_\_\_  
Parent/Guardian Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date