



North Raleigh Christian Academy

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2021 NRCA SUMMER SPORTS CAMP Parental Consent & Medical Authorization

Liability, Release & Acknowledgement

I, _____ parent/guardian of the participant _____,

give consent for my child to attend the NRCA Summer Sports Camp. Participation in the camp involves the risk of injury including, but are not limited to, collision with other participants, being hit by the ball, falling to the floor or into a wall, scratches, bruises, etc. By signing this form and in return for the opportunity to participate in NRCA Summer Sports Camp I, on behalf of myself, my children, my heirs, assigns executors and administrators, (a) acknowledge all risks of injury and death associated with participation in the NRCA Summer Sports Camp, (b) assume responsibility should injury or death result from these risks, (c) waive any legal rights we may have to seek payment of any kind from the NRCA Summer Sports Camp, NRCA and their employees and agents (hereinafter "Released Parties") for bodily injury or death resulting from participation in the NRCA Summer Sports Camp, and absolve Released Parties from any liability for damages resulting from any injuries or death, (d) acknowledge that no additional insurance coverage is provided by Released Parties, (e) agree to follow all rules and procedures of the program and reasonable instructions of the coaches. I authorize the Camp Director and the NRCA Summer Sports Camp staff and volunteers to act to the best of their judgement in an emergency situation requiring medical attention. I give permission for a physician or hospital emergency room to administer necessary care.

Parent Signature _____ DATE: _____