

# Waiver Forms

## WAIVER/CONSENT FORM

I/we, the undersigned parent(s) or guardian(s) of:

\_\_\_\_\_  
(Name of Participant)

acknowledge that I/we have been informed that serious injury, including catastrophic injuries, paralysis, or even death, can result from accidents during **any of the NPSD Summer Camps**. I/we acknowledge that although supervision is provided, serious injuries can result despite the most careful supervision. I/we hereby release the North Penn School District, and its employees, agents, or servants, from any and all causes of action and claims for injury or damage arising out of participation of the above named individual in **any of the NPSD Summer Camps**.

I/we hereby acknowledge that said participant has medical insurance coverage through:

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
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