

Statement of Participation & General Release of Claims

I	verify that I (as the participant) and/or my
child	(as the participant), to the best of my
knowledge am/is free from contag	ious disease, am/is able to participate fully in DC
Vault club practices, competitions	and events, and is fully immunized and not
otherwise exempt from immunizat	•
9	d the event that the parent/guardian cannot be rant my permission for emergency treatment to be
employees and agents (individually any claims, demands, injuries, dam person or property, resulting from	officers, coaches, members, administrators, y and collectively "DC Vault") from all liability for lages, or actions whatsoever to the participant's participation in activities with DC Vault, including ence on the part of DC Vault, its officers, members,
I agree to assume liability for any e but not limited to transportation, I	expenses incurred in such an emergency, including, nospitalization, x-rays, etc.
Signature	Date



The Hanley Center for Athletic Excellence

Georgetown Preparatory School Athletic Facilities

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School Camp Programs, a medical emergency ar	contagious disease, is a and is fully immunized nd the event that the p		Georgetown Preparatory rom immunizations. In case of mediately contacted, I hereby
employees and agents (damages, or actions who activities on the campus any act of active or pass	collectively "Georgetov atsoever to the particip s of Georgetown Prep [sive negligence on the ny expenses incurred in	pant's person or property, res 10900 Rockville Pike, North B	any claims, demands, injuries, sulting from participation in Bethesda, MD 20852], including employees or agents. I agree
Signature		Date	