



My Child has had a physical recently and may participate in all activities. I hereby authorize directors of the Purple Eagles Showcase to act for me according to their best judgment in any emergency if I cannot be contacted. I further agree that the Niagara University Purple Eagles *Showcase* should be held harmless from and indemnified against any and all liability, cost claims, loss or damage which may it or they may occur as a result of an accident to my child.

Waiver and Release: “I acknowledge that Niagara University has made no representations concerning the operation, supervision, staffing, equipment, or any other aspects of the Showcase. I hereby agree to hold harmless, release and forever discharge Niagara University, its employees, students, agents, and volunteers, of and from all actions, causes of actions, suits, damages, judgments, expenses, claims and demands whatsoever in law or in equity, that my child or I or our successors, assigns, heirs or distributees may have against Niagara University for any claim directly or indirectly arising from or out of my child’s attendance at the Showcase described in this Registration. I understand that any camper or parent/guardian who does not abide by the rules and regulations promulgated by camp or university, or the reasonable request of Campus Security and Showcase organizers, is subject to dismissal without reimbursement or recourse.”

Parent/Guardian Signature

Parent/Guardian Printed Name

Health History: Please list ANY allergies, diseases, and/or medications (conditions physicians should be aware of please include a separate sheet if you need more room)

Physician’s Name _____

Physician’s Phone _____

Date of last tetanus immunization _____

Health Insurance Company _____

Policy Number _____