



**Siblings and Friends Weekend 2016**  
**Medical Treatment & Waiver of Liability Release**  
**March 4<sup>th</sup> – 6<sup>th</sup>**

Name of Participant(s): \_\_\_\_\_

Please list any medical conditions that Elmira College staff should be aware of:

\_\_\_\_\_

Please list any medication(s) currently taking:

\_\_\_\_\_

Please list any allergies:

\_\_\_\_\_

I hereby give my permission for necessary and emergency care to be given to my son/daughter by Elmira College and other area medical treatment providers. To the best of my knowledge, there are no medical conditions that would prevent my son/daughter from participating in Siblings and Friends Weekend. I hereby acknowledge that participation in Siblings and Friends Weekend and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of physical injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless Elmira College, its Board of Trustees, students, and employees from claims, actions, damages, and liabilities for personal injury or damage relating to or arising out of any Siblings and Friends Weekend activities except where the injury or damage is caused by the gross negligence of the College's employees.

Elmira College is not responsible for any lost or stolen property.

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature**

**Date**