

2024 Raider Run Camp Release Form

The following form must be PRINTED and received prior to, or on the first day of camp for your child to participate.

I hereby approve of my child [Print Name] _____ to attend and participate in the 2024 Raider Run Camp. I certify that he/she is in good health and able to participate in a variety of strenuous physical activities. I hereby waive and forever release the Seneca Valley School District, The Seneca Valley Cross Country Boosters Organization and their affiliates, and the Raider Run Camp staff and affiliates from all liability for any accident, injury, illness, or other expenses incurred while at the camp. I hereby authorize representatives of the Raider Run Camp to act in his/her best judgement to provide and or obtain medical care which I will assume financial responsibility for.

Medical Insurance Provider: _____

Policy Number: _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____