

**PIUS X CAMPS**

**ACCIDENT OR INJURY LIABILITY WAIVER AND PARENT/GUARDIAN CONSENT FORM**

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**Participant Information**

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Accident or Injury Liability Waiver**

I, the undersigned parent or legal guardian of the above-named participant, acknowledge and understand that participation in Pius X camps involves certain inherent risks, including the possibility of accident or injury.

I hereby agree that the Pius X camp directors and coaches, Pius X High School, and any of its agents, employees, or representatives shall not be held responsible for any expenses incurred as a result of an accident or injury received while participating in Pius X camps.

I further acknowledge that I am responsible for any medical expenses that may arise due to such accident or injury and that I have appropriate insurance coverage for the participant.

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**Consent and Acknowledgment**

By signing below, I confirm that I have read, understand, and agree to the terms outlined in this document. I voluntarily consent to my child's participation in Pius X camps under these conditions.

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**Signature**

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**Emergency Contact (if different from parent/guardian)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_