

Think Yellow Jackets at Randolph-Macon College Medical Waiver & Health Insurance Form

Participant Name _____ Age _____

Medical Waiver and Release

We, the undersigned, for ourselves, our heirs, executors, and administrators, waive and release and forever discharge THINK YELLOW JACKETS, LLC, it's staff, officers, employees or anyone connected with the THINK YELLOW JACKETS, LLC camps or clinics from any and all rights and claims for damages to personal property which may include accidents, medical, dental, or other expenses incurred as the result of accidents sustained at camp.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone # _____

Health Insurance Provider and Phone # _____

Policy Number _____

If you have any questions regarding Think Yellow Jackets camps or clinics, please contact Hannah Livermon at 804-332-3073 or HLivermon@rmc.edu.