BELHAVEN UNIVERSITY SPORTS CAMP RELEASE AND WAIVER OF LIABILITY FORM

Camper's Name:_____ **Date of Birth:**_____ **Age:**_____ **Grade**_____

Address:_____
Street **City** **State**

Parent/Guardian's Name:_____

Home Phone:_____ **Cell Phone:**_____ **Work Phone:**_____

MEDICAL HISTORY: (To be completed by parents/guardian) Is there a known history of:

(A)	Birth Deformities (one eye, one kidney) etc.	Yes	☐	No	☐
(B)	Medical Conditions currently under treatment	Yes	☐	No	☐
(C)	Pre-existing injury currently under treatment	Yes	☐	No	☐
(D)	Fractures or other disability type injuries	Yes	☐	No	☐
(E)	Allergy (drugs, food, asthma, etc.)	Yes	☐	No	☐
(F)	Mental Disorder	Yes	☐	No	☐
(G)	Known past illness of more than one week's duration	Yes	☐	No	☐
(H)	Contacts or glasses	Yes	☐	No	☐

Explain above questions answered - "Yes" _____

I hereby state that the camp coordinators and coaches and the Board of Trustees of Belhaven University are not responsible for any pre-existing injury or reoccurrence or aggravation of any disclosed or undisclosed pre-existing injury or illness of the above camper.

MEDICAL STATEMENT: I hereby certify that I have had my child checked by his/her physician and he/she is able to participate in the sports camp activities with no restrictions.

PARENTAL CONSENT: Before medical operations and procedures can be performed on minors, the law requires parental permission. As parent or guardian you are asked to sign the following consent that will allow medical procedures to be carried out promptly and without unnecessary delay. Except in emergencies, no medical operations will be performed without the parent or guardian being contacted and informed of the situation.

As the minor's parent or guardian, I have actual knowledge and appreciate that there are risks of bodily injury, such as cuts, sprains, concussions, and broken bones from one's participation in sports camp activities, and hereby voluntarily consent to the minor's participation in sports camp activities and assume all risks of possible injury.

RELEASE & WAIVER OF CLAIMS: In consideration of my child/dependent being permitted to attend and participate in sports camp activities, I, for myself, my child/dependent, my heirs, and personal representatives, do hereby waive, release, and discharge forever any and all claims for damages for bodily injury or death or damage or loss of property, that I or my child/dependent may have or that may occur subsequent to me or to my child/dependent against the camp coordinators, coaches, athletic trainers, staff, physicians, and volunteers, and the Board of Trustees of Belhaven University and its trustees, officers, employees and agents arising from or attributable to my child/dependent's attendance at and participation in sports camp activities. Further, I hereby give to the University, and its agents and representatives, permission and a release to use as necessary my child's/dependent's name and photograph to promote and advertise the sports camp for a period of two years after the date of this release. I have read, or have had read to me, this release and waiver of claims statement and understand and voluntarily agree to its provisions.

I, the undersigned, hereby represent to Belhaven University and the camp coordinators and coaches that I am the legal parent/guardian of the child hereby registered for the sports camp.

Signature of Parent/Guardian _____ Date _____
Printed Name of Parent/Guardian_____