

Camp Liability and Medical Release Form

Beth Doub
Anderson University
1100 E 5th St.
Anderson, IN 46012



Bring this original completed form with you when you come to campus or send it via US Mail to the above address. **This form must be on file for you to participate in our camps.**

Participant Name _____ Male _____ Female _____
Address _____ City _____ State _____ Zip _____
Participant email _____ Home Phone (____) _____ Cell Phone (____) _____
Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____

Medications Currently Taking _____

Please specify if you have any health concerns of which we should be aware (i.e. asthma, diabetes, food allergies, etc.)

Do you have any dietary concerns that we should be aware of? _____

Parents/Legal Guardians Name (with whom you live) _____

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone (____) _____ Parent(s) email: _____

Person to notify if parent/legal guardian cannot be reached:

Name _____ Relationship _____ Phone (____) _____

For the purposes of the below agreement, **CAMP** is defined as _____, which
takes place from _____ to _____.
DATE DATE CAMP NAME

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in the **CAMP**. The individual identified on this form understands that all participants are expected to abide by camp rules and be directly responsible to the Camp Director.

Further, I do release and hereby agree to hold blameless the **CAMP** and Anderson University and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the **CAMP** also release the lessor/owner of properties on which any part of this Program is held. **I agree to pay for any damages or property loss as determined by the **CAMP** or campus officials, including any keys not returned at the time of check-out.**

Further, I do authorize the director or campus official, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while attending this event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize the **CAMP** to use photographs and video footage of the participant for promotional materials.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of the Parent/Legal Guardian _____

**Please bring the signed original with you to registration
or send via US mail to the above address!**

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