SHIPPENSBURG UNIVERSITY
YOUTH CAMPS HEALTH INFORMATION, INFORMED CONSENT RELEASE AND EXPRESSED ASSUMPTION OF RISK

THIS DOES NOT REQUIRE AN EXAMINATION BY A PHYSICIAN. 3 COPIES TO BE SUBMITTED AT CAMP CHECK-IN.

Camper’s Name _______________________________ Age __________

Name of Camp Attending ________________________ Start Date of Camp ________________

Parent/Guardian Name(s) ________________________

Home Phone No. (_____) Work Phone No. (_____) Cell Phone No. (____) ________________

Past Injuries ____________________________________________________________

History of Serious Illnesses ________________________________________________

Recent Operations ____________________________________ Allergies of Any Kind __________________________

List any prescription or over the counter medications your child is bringing to camp: __________________________

Date of Last Tetanus Immunization ____________________________

PERMISSION TO PHOTOGRAPH
I hereby give permission for the above registered camper to be photographed during participation in the Shippensburg University Summer Camp programs. I understand the photos may be used by Shippensburg University to promote the program in future years. No participant photographed will be identified by name.

________________________ (Initials of Parent or Guardian)

I verify that the above registered camper has health insurance coverage, and acknowledge that Shippensburg University and the State System of Higher Education, the Commonwealth of Pennsylvania, and their employees, officials or agents are not responsible for any health care expenses as a result of my participation in fitness and health testing.

In case of injury/illness while participating in __________________ Camp at Shippensburg University I hereby give advance permission to obtain medical services on behalf of the above registered camper including, but not limited to, paramedic treatment, transportation by emergency vehicle to a medical facility, and treatment by emergency physicians. All extraordinary measures are to be taken in regards to treatment and I shall assume all fiscal responsibility as to any treatment and services. I will indemnify and hold harmless Shippensburg University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania and their employees, officials and agents from any and all financial and legal obligations associated with emergency treatment, including all actions in seeking and obtaining this service.

I, ___________________________. understand that the risk of injuries is an inevitable and inherent consequence of participating in __________________________ Camp at Shippensburg University and that no amount of reasonable instruction and supervision, use of proper equipment or facilities will prevent injuries. I choose to assume this risk and to allow the above registered camper to participate in __________________________ Camp. I understand that Shippensburg University is not responsible for personal injuries or damages caused during participation in this voluntary activity.

In accepting this risk, I expressly and explicitly release and discharge from responsibility and liability Shippensburg University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to the above registered camper as a result of participating in __________________________ Camp. In addition, I agree to indemnify and hold harmless, legally and otherwise, Shippensburg University of Pennsylvania, the State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to my person as a result of participating in the fitness and health testing.

I, the undersigned, am at least 18 years of age, and competent to sign this release. By signing this release, I hereby acknowledge that I understand and voluntarily accept the hazards, risks, rights and responsibilities noted in this release. A parent or guardian must sign if the camper is under 18 years of age.

CAMP SAFETY & CONDUCT: By my signature below, I attest that I have read and have advised my child, who will attend camp at Shippensburg University, of all information contained within the CAMP SAFETY flier provided.

Signature of Participant or Parent/Guardian (Required if participant is under 18 years of age)

________________________ Date __________________

This authorization must be signed by a parent or guardian if applicant is under 18 years of age.