

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.