

Name of EVENT/Activity ("Event"): _____

Date of EVENT/Activity: _____

To Be Completed by the Parent/Legal Guardian

General Information

PARTICIPANT First Name: _____ PARTICIPANT Last Name: _____

Date of Birth: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Phone: _____ Phone 2: _____

Email: _____ Email 2: _____

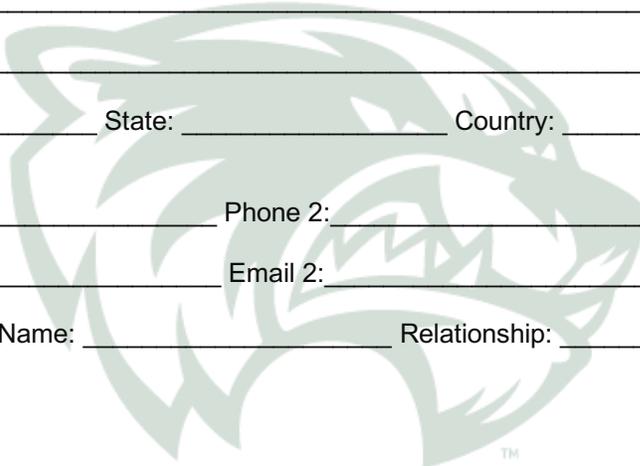
Emergency Contact Name: _____ Relationship: _____ Phone: _____

Does PARTICIPANT have any current medical conditions or allergies? Y / N

List all:

Does PARTICIPANT have any dietary preferences/restrictions:

Other important information:



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CAMP AGREEMENT INFORMED CONSENT FORM

In consideration for permitting PARTICIPANT to participate in the aforementioned EVENT, the undersigned, for their minor child and for their respective heirs, personal representatives, and assigns, agrees as follows:

1. Informed consent: The undersigned hereby acknowledges and agrees that they understand the nature of the EVENT, that PARTICIPANT is qualified, in good health, and in proper physical condition to participate therein; that there are certain inherent risks and dangers associated with the EVENT and they knowingly, and voluntarily, accept these risks and dangers, and all other risks and dangers that could arise out of, or occur during, PARTICIPANT's participation in the EVENT, including, but not limited to, sprains, broken bones, sports related injuries, concussion, permanent disfigurement, incapacitation, and even death.

A. It is the sole and exclusive responsibility of each PARTICIPANT and his/her PARENT/GUARDIAN to be aware of their abilities, limitations, and possible medical issues regarding any EVENT, and to clearly inform EVENT staff of any such limitation or issue prior to participating in any EVENT.

2. Representations and Warranties: PARTICIPANT and his/her PARENT/GUARDIAN represent and warrant that he/she has all requisite power and authority to enter into this agreement and perform all his/her obligations set forth herein. PARTICIPANT also agrees and represents that he/she has had full opportunity to visit with any related medical professionals regarding his/her ability to participate in EVENT, and that there is not advice, recommendation, decision, diagnosis, or other condition that would prevent PARTICIPANT from engaging in the EVENT.

3. Medical Permissions: Utah Valley University, which is not providing the EVENT, but which EVENT is being held on UVU premises, has a "Minors On Campus Policy," which prohibits and event organizer from administering medication on behalf on an PARTICIPANT. It is the responsibility of each PARTICIPANT and his/her PARENT/GUARDIAN to ensure that PARTICIPANT takes his/her prescribed and necessary medication. PARTICIPANT and his/her PARENT/GUARDIAN acknowledges and understands that the EVENT cannot force PARTICIPANT to take their medication or attend to their medical needs, nor is the EVENT responsible for any negative consequences that may result from a PARTICIPANT 's failure to adhere to his/her required or recommended health care plan.

For minor illnesses, PARTICIPANT may choose not attend for a day's activity. Counselors must be notified in such cases. The EVENT will use its best efforts to notify PARENT/GUARDIAN of PARTICIPANT(s) if a serious illness or injury is noticed during the course of the EVENT. If PARENT/GUARDIAN cannot be reached, the sick or injured PARTICIPANT may be taken to a hospital, a local urgent care center, or an emergency room for treatment.

The PARTICIPANT may carry epi-pens, asthma inhalers, pancreatic enzymes, diabetic supplies, and other necessary medical supplies, but EVENT staff will not be responsible for the administering of such medicines and/or supplies.

Medication may not be shared. EVENT employees have been instructed to monitor and prevent medication sharing.

MEDICAL REPRESENTATION AND INDEMNITY

As PARENT/GUARDIAN of the undersigned PARTICIPANT, I acknowledge and represent that I have reviewed this Medication Permission Information, that it is my sole responsibility to ensure my child takes the medication he/she is required to take, and that I have all requisite power and authority to agree to this Medication Permission Form and to instruct my child to perform all his/her obligations related to his/her medical requirements. I certify that my child has adequate health insurance and/or that I will pay for any medical costs that may arise directly or indirectly from participating in this EVENT. The undersigned

hereby agrees to indemnify, defend and hold the EVENT, and their agents, managers, officers, directors, affiliates, independent contractors, assigns, employees, and representatives (the "RELEASEES") harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities including, but not limited to, attorney's fees, arising from, or related in any way related to the PARTICIPANT bringing, taking or failing to take the PARTICIPANT(s) medication.

In the event of an injury, I hereby authorize the EVENT administration to act for me according to their best judgment in any emergency requiring medical attention. I relieve the EVENT of any liability should an accident occur.

In case of an emergency or accident, I give the Physician(s) on duty at the hospital, chosen at the discretion of the EVENT staff or counselors, permission to administer emergency medical care and/or treatment to my son/daughter named above. I relieve EVENT and of any liability in making these decisions. I further understand that EVENT is administered as a third party event at Utah Valley University and that this institution is not responsible for EVENT.

I acknowledge that I have read and understand the medical permission policy as it applies to my child.

PARENT/GUARDIAN Signature: _____ Date: _____

4. **EVENT (camp) Conduct:** I understand and agree that my child may be dismissed from the EVENT for misconduct, as determined by an EVENT Administrator. Should that occur, I agree to pick up my child immediately and I understand and agree that no fees shall be refunded as a result of my child. I release the EVENT from any liability should my child leave EVENT property without the permission or knowledge of EVENT employees or agents.

5. **Photo / Media Release:** I understand that pictures may be taken of my child while participating in EVENT activities. I hereby authorize the use of photographs, video recording, and electronic sound recording by EVENT, now or in the future, whether that use is known to me or unknown and I waive any right to royalties or other compensation arising from or related to the use of the photographs of my child. I authorize the use of any such photographic or electronic reproductions of my child for any lawful purpose, including, but not limited to educational and other public media as may be deemed appropriate by the EVENT. I am the legal guardian of the attendee.

6. **Severability:** The undersigned expressly agree that the foregoing assumption of risk, release and waiver of liability and indemnity agreement is intended to be as broad and inclusive as is permitted by laws of the State of Utah, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. **Modifications and Amendments:** No provision of this agreement may be amended, modified, supplemented, changed, waived, discharged or terminated, except by an instrument in writing signed by the party against whom enforcement of the amendment, modification, supplementation, change, waiver, discharge or termination is sought. This provision concerning amendments or modifications cannot be waived or otherwise made unenforceable except by a written document signed by the PARTICIPANT, which expressly states that it is an amendment to this agreement.

8. **Jurisdiction:** This agreement shall be interpreted, construed, enforced in accordance with, and governed by the laws of the State of Utah. The PARTICIPANT and his/her PARENTS/GUARDIANS hereby submit to the jurisdiction of the Third Judicial District Court, in and for the State of Utah, for the enforcement of this agreement, and any claims, causes of action, or disputes related to the EVENT.

9. **Acknowledgement of Understanding:** The undersigned have read this informed consent and medical release, and have had the opportunity to ask questions about the same. The undersigned understands the terms, conditions, and obligations set forth in this agreement and have executed the same voluntarily, without relying upon or being pressured by anyone acting on behalf of the EVENT. **The**

undersigned fully understand this informed consent. The undersigned acknowledge that they are signing this agreement freely and voluntarily.

Signature of PARTICIPANT: _____ Date:

Signature of PARENT/GUARDIAN of Minor:

(if PARTICIPANT is under the age of 18)