

BLUFFTON UNIVERSITY SPORTS CAMPS
PARTICIPANT HOLD HARMLESS AND MEDICAL CARE FORM

CAMPER LAST NAME _____ **FIRST NAME** _____

I, _____ the undersigned, am the parent or legal guardian with the authority to execute this Agreement and Release on behalf of _____ who makes and for whom I make the following declarations: I am registered to participate in the following activity: _____ offered by the Department of Intercollegiate Athletics, Bluffton University. The activity will take place on _____ at Bluffton University or designated camp site.

My son/daughter has permission to attend and participate in the Bluffton University Winter camps. As parent or guardian, I authorize the Camp Staff, in the event of injury or illness, to administer emergency care and to arrange for any emergency medical transportation to the nearest Health Care Facility deemed appropriate. I understand that every effort will be made to contact the parent or guardian prior to any involved treatment. I grant permission to a qualified physician and other medical personnel to furnish medical care, using the above guidelines, while my son/daughter is attending the aforementioned camp/clinic/open competition. As a parent or guardian, I also agree that I or my insurance carrier will bear the financial responsibility for any medical treatments administered under the above guidelines, which might be over the insured level of the camp plan.

For myself and my son/daughter I understand and recognize that he/or she is responsible for his/her own well-being and the well-being of the other participants. I declare that I recognize that it is in my son/daughter's best interest, as well as that of the other participants, to follow the suggestions, guidelines, and rules of the activity(ies) supervisors, and coordinators and that their participation in this activity is entirely voluntary or is at the direction or request of persons or entities not associated with Bluffton University.

I, for myself and my son/daughter, fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, which could also include the loss of life, serious loss of limb, or loss of property. Also, I understand that the consumption of alcohol and/or use of drugs is strictly prohibited and could result in my son/daughter's dismissal from further participation in the activity.

I understand that any University personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I further understand that the University does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to the University that I have adequate medical and hospitalization insurance for any injuries that my son/daughter may incur as a result of participating in this activity.

NOW, THEREFORE, in consideration for my son/daughter being allowed to participate in this activity, I agree for myself and my son/daughter to indemnify and hold the supervisor(s) and coordinator(s) of this activity, Bluffton University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which they may incur as a result of my son/daughter's participation in this activity(ies), even if due to the negligence of Bluffton University or any person serving in the above-identified capacities even if the claim is brought by my son/daughter on their own behalf.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and Conditions. This Agreement/Release shall be binding upon the heirs, executors, and assigns of the undersigned.

Circle if participant has:

Heart Trouble Diabetes Epilepsy Other: _____

Known Allergies: _____ Medications: _____

Medical Insurance Company: _____

Home Telephone Number: _____ Work/Cell Telephone Number: _____

Home Address: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____