



TAYLOR
UNIVERSITY

TAYLOR UNIVERSITY SUMMER CAMP PARTICIPATION WAIVER, RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION AGREEMENT

CAMPER FIRST Name: _____ **CAMPER LAST** Name: _____

In consideration for allowing Camper (as identified above) to enroll and participate in the Taylor University Summer Camp ("Camp"), I/we as the parents and/or legal guardians of Camper, on our behalf and on behalf of our Camper to the extent Camper is a minor, as well as on behalf of our and Camper's heirs, next of kin, assigns, and personal representatives, do hereby agree to the following conditions:

Acknowledgement of Risks

I/we understand and acknowledge that participation in the Camp and Camp activities are potentially hazardous activities that involve risks, inherent and otherwise, that cannot be eliminated and which may cause injury, illness, exposure to infectious/communicable disease or viruses, concussion, paralysis or death to Camper or other persons and/or damage to property. Some, but not all, of the risks associated with the Camp and Camp activities include the negligence of Taylor University, Camp staff and counselors or other campers, collisions or contact with others, premises problems, equipment failure, known or unknown medical conditions, and improper use of equipment. I/we accept full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to Camper's participation in the Camp and Camp activities, and acknowledge that Camper is voluntarily participating in the Camp and Camp activities even with knowledge of these risks.

Release

Acknowledging that these and other risks exist, I/we hereby RELEASE, DISCHARGE AND COVENANT NOT TO SUE Taylor University and each of its professors, students, officers, employees, trustees, representatives, managers, members, directors, agents, insurers,

attorneys, predecessors, successors, assigns, Camp staff, Camp counselors and/or anyone else associated in any way with Camper's access Camp participation (the "Released Parties"), from and against all claims, damages, injuries, losses, actions, suits, proceedings, product liability actions, wrongful death actions, warranty actions, breach of contract actions, loss of consortium claims, expenses, and attorney fees that I/we, Camper or anyone on our or Camper's behalf (including but not limited to heirs, representatives or next of kin) have or might have for any death, injury, damage or claimed injury or damage arising out of, involving or relating to Camper's participation in the Camp and Camp activities, including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the strict liability or negligence in any form of the Released Parties.

Indemnification

I/we further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND the Released Parties in any action or proceeding from and against all claims, damages, injuries, losses, actions, suits, proceedings, product liability actions, wrongful death actions, warranty actions, breach of contract actions, loss of consortium claims, expenses, and attorney fees that I/we, Camper or anyone on our or Camper's behalf (including but not limited to heirs, representatives or next of kin) have or might have for any death, injury, damage or claimed injury or damage arising out of, involving or relating to Camper's participation in the Camp and Camp activities, or for our or Camper's failure to comply with the terms of this Agreement. This agreement to indemnify, hold harmless and defend applies even if the act or omission complained of was allegedly caused in whole or in part by the strict liability or negligence in any form of the Released Parties.

Medical Certification

I/we hereby certify that Camper is physically fit to participate in the Camp and Camp activities during the days of the camp for which Camper is registered. Any physical impairments which would in any manner limit or affect such participation have been disclosed in writing.

Medical Release

I/we authorize the medical staff at Taylor University or others to whom Camper is referred to provide any emergency, necessary and/or otherwise appropriate diagnostic and/or medical care during the camp week. I/we am/are to be contacted as soon as practical after provision of such care and prior to further diagnostic, surgical, or specialist care.

Medicine Information

Please list any prescription or over the counter medication.

Medication	Dose	Timing (Morning, Lunch, Dinner, Bedtime)	Only at Request

Medical Conditions

Please check any of the following conditions that the camper has:

- Asthma ☐
- Diabetes ☐
- Seizures ☐
- Cardiac Conditions ☐
- Immunodeficiency ☐
- Bleeding Disorders ☐
- Mental Health Conditions ☐
- Other Medical Conditions: ☐
- Please Specify: _____

Allergies

• Food Allergies ☐

• Please Specify Details: Including reaction and treatment

• Drug Allergies ☐

• Please Specify Details: Including reaction and treatment

• Environmental Allergies ☐

• Please Specify Details: Including reaction and treatment

• Anaphylaxis ☐

• Please Specify Details: Including reaction and treatment

Please select the over the counter (OTC) medications your camper may self- administer for minor pain or fever.

Camp staff will have your camper follow the dosage instructions on the product label and document each administration, including the date, time, and dosage.

Parents/guardians must confirm that the camper is not allergic to these medications.

Please check the boxes) to indicate your authorization:

☐ Ibuprofen (e.g., Advil, Motrin)

☐ Acetaminophen (e.g., Tylenol)

Personal Medical Insurance

Taylor University recommends that Camper be covered by a personal medical insurance policy. I/we will supply the policy's company name, address, number, and owner.

Insurance Company Policy Owner _____

Company Address Policy Number _____

Should insurance information not be provided, I/we agree to be responsible for all charges (or the reimbursement thereof) for medical treatment of Camper while at the Camp, or as a result of Camper's participation in the Camp.

Emergency Information

Please provide the name and phone number for Camper's emergency contacts:

Name _____ Relation to Camper _____

Phone _____ Name _____

Relation to Camper _____ Phone _____

Publicity Release

I/we authorize and irrevocably grant to Taylor permission for Camper's photograph to be used in future University and/or Camp brochures, publications, newsletters, news releases, other printed materials, and in materials made available on the Internet or in other media now known or hereafter developed.

Governing Law and Venue

This document is governed by the laws of the State of Indiana. Any cause of action relating to the interpretation or enforcement of this document shall be instituted and litigated in a court located in Grant County, Indiana. If one or more portions of this document are found to be unenforceable, the remainder of the document will remain enforceable.

I/we have read and fully understand this Taylor University Summer Camp Participation Waiver, Release of Liability and Medical Authorization Agreement and agree to be bound by its terms. I/we understand that by signing this document I/we are waiving certain legal rights for ourselves and for Camper, including the right to sue the Release Parties. I/we sign this document on behalf of ourselves and Camper freely and willingly.

Print Camper Name _____ Date of Birth (Age) _____

Mother and/or Guardian of Camper's Signature _____

Date _____

Father and/or Guardian of Camper's Signature _____

Date _____