



UNIVERSITY OF
GEORGIA

Recreational Sports
Student Affairs

Youth Camp Waiver

RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND LIKENESS RELEASE

(READ CAREFULLY BEFORE SIGNING)

I, _____, hereby acknowledge my awareness that my child's participation in the University of Georgia Department of Recreational Sports Youth Camp - Summer 2017 may involve activities which include, but are not limited to, the following: stretching, running, jumping, kicking, throwing, swinging, catching, swimming, sliding, and bodily contact with other campers and with athletic equipment. It may also involve competitive sports which use various types of athletic equipment which include, but are not limited to, the following: balls, bats, rackets, helmets, cleats, pads, nets, frisbees, goal posts, sticks, pucks and/or other athletic equipment.

I also understand that my child's participation in the aforementioned activities may expose my child to risks of property damage and bodily or personal injury, including injury that may be fatal, and any one or more of the following: injury from slipping, tripping and falls; sickness; foreseen and unforeseen inclement weather; cuts; abrasions and puncture wounds, broken bones; injury from uneven terrain on the fields; injury from contact with other campers and from contact with athletic equipment; muscle strains and sprains; concussions; drowning; and heart attack. In addition, I understand that my child may be exposed to other risks which may not be foreseeable. I have been informed by reading the camp description online and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume, on behalf of my child, any and all such risks and voluntarily participate in this activity. I understand that it is my responsibility, as the participant's parent, to allow my child to engage only in those activities which are appropriate.

I acknowledge that my child must follow the instructions of the activity leader at all times. In addition, I understand that none of the following entities provides insurance coverage for my child's participation in the University of Georgia Department of Recreational Sports Youth Camp - Summer 2017 and that it is strongly recommended that I obtain my own accident and health insurance to cover my child prior to participating: The University of Georgia, the Board of Regents of the University System of Georgia, Department of Recreational Sports, and any participating agency.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, and all sponsoring agencies and their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my child's participation in this activity.

(Turn Over –More Information & Signature on Back)

I hereby irrevocably consent to and authorize the use by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia, its officers and employees of the undersigned's image and/ or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, reproduce, edit, distribute, display or otherwise use or reuse the undersigned's image and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University's products or services. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may be the opportunity to represent the University in its promotional and advertising materials.

I hereby waive the right to inspect or approve my image or any finished materials that incorporate my image. I understand and agree that my image will become part of the University's photograph file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of my image.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my child's participation in this activity whether caused by negligence or otherwise.

I certify that I am the parent/legal guardian for this child. This consent is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the information on the first page and the information above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

PRINTED NAME OF CHILD

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINTED NAME OF PARENT/LEGAL GUARDIAN

**Rec Sports Youth Camp
Field Trip Authorization**

Please allow _____ to ride in a University of Georgia van as a part of the Rec Sports Youth Camp for field trips during the May 30 – June 2, June 5 – 9, and/or June 12 – 16, 2017 camp sessions.

Please be advised, any child under the age of eight will be required by Georgia law to use a child restraint seat. This seat will have to be brought to camp the morning of each field trip.

Parent/Guardian Name

Parent/Guardian Signature Date



REC SPORTS YOUTH CAMP
ACTIVITY QUESTIONNAIRE
(Please type or print legibly)

Child's Name _____ Age (as of 7/1/17): _____

Child's Doctor _____ Phone #: _____

Can the child swim without the use of floatation devices? YES NO

If no, please explain child's swimming abilities: _____

Is the child allergic to any medications, food, etc? YES NO

If yes, please specify: _____

Please list any dietary restrictions: _____

Can the child participate in recreational activities? YES NO

If no, please specify: _____

Does the camper listed above have any speech, hearing and/or vision problems? YES NO

If yes, please list and describe in detail: _____

Please list any special needs, disabilities and/or medical problems not already listed that the camp staff should be aware of: _____

Does the camper listed above have any prescription medication that will be dispensed during camp?
YES NO

If yes please explain and sign the authorization form that must be completed before medication can be dispensed. _____

Parent/Guardian Signature _____ Date _____



University Health Center

Student Affairs

UNIVERSITY OF GEORGIA

UNIVERSITY HEALTH CENTER
The University of Georgia
Athens, GA 30602-1755
(706) 542-1162
www.uhs.uga.edu

HEALTH FORM for 2017 SUMMER CAMPS and PROGRAMS

This form is required for treatment at the University Health Center if the participant should become ill or injured while on campus. FAX to 706-542-4959 prior to camp/program. Please note, there will be charges for services provided by the University Health Center.

NAME _____ DATE OF BIRTH _____

HOME STREET ADDRESS _____

CITY, STATE, ZIP CODE _____ GENDER _____

PROGRAM Rec Sports Youth Camp PHONE (706) 542-5060

PROGRAM CONTACT PERSON Michael Husted PHONE (706) 542-5060

PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES

I hereby authorize the physicians of the University Health Center, their agents or consultants, to perform diagnostic and treatment procedures on (Name) _____, which, in their judgment, may become necessary while he/she is a participant in (Program) _____ between (Dates) _____ at The University of Georgia.

Privacy Practice Acknowledgement: I understand that, under The Health Insurance Portability and Accountability Act of 1996, I have certain rights to privacy in regards to my protected health information (PHI). By signing below, I acknowledge that I have read and understand the University Health Center's Notice of Privacy Practices (Notice). It is posted on the University Health Center's website at www.uhs.uga.edu under About UHC, Confidentiality, Patient's Rights and Responsibilities. The University Health Center reserves the right to change the terms of its Notice of Privacy Practices. If such changes are made, I understand that the University Health Center will post a revised Notice on its web site at www.uhs.uga.edu. I also understand that the University Health Center will provide a Notice to me upon request.

PARTICIPANT (if over 18) _____ DATE _____

PARENT/GUARDIAN (if under 18) _____ DATE _____

PERSONS TO NOTIFY IN AN EMERGENCY SITUATION

1. Name _____ Relationship _____

Address _____
Street Number and Name City State Zip Code

Work Phone _____ Home Phone _____

Cell Phone _____ E-mail Address _____

2. Name _____ Relationship _____

Address _____
Street Number and Name City State Zip Code

Work Phone _____ Home Phone _____

Cell Phone _____ E-mail Address _____

Date of last Tetanus shot _____

Current medications _____

Allergies to medications _____

Chronic or significant medical conditions _____

PRIMARY INSURANCE INFORMATION Please complete if you wish UHC to file for reimbursement from your insurance

company. Providing this information does not guarantee payment of your claim by your insurance company. You are responsible for any charges for services rendered. (Please attach a copy of the front and back of your insurance card.)

Please check appropriate boxes below:

Medical: HMO PPO POS Other **Dental** **Prescription**

Policyholder's name: _____

Insured is: Self Parent/Responsible Party Third Party Your Relationship to Insured _____

Medical Insurance Company Name: _____

Insurance Company Street Address: _____

Insurance Company City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Policy Number: _____ Group Number: _____

PARENT/RESPONSIBLE PARTY/THIRD PARTY INFORMATION - Name of Insured/Policyholder: (i.e., parent, step-parent, spouse)

Name: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Date of Birth: _____ M F

Marital Status: Single Married Domestic Partner Divorced Separated Widowed

Place of Employment: _____ Full Time Part Time

Employer Address: _____

City: _____ State: _____ Zip Code: _____

AUTHORIZATION TO PROCESS INSURANCE CLAIMS

Patients and Clients are responsible for all charges incurred by themselves or family members for services at the University Health Center (UHC). Examples of charges include lab tests, x-rays, prescriptions, dental procedures, vision procedures, physical therapy, vaccinations, personality testing, after-hours visits, and others. The UHC will file insurance claims on behalf of patients and clients; however, that does not guarantee full or partial payment by insurance companies and students remain responsible for any unpaid balances. The UHC is a participating provider with authorized UGA and University System student health insurance plans, Aetna, United Healthcare, BCBS, and basic TRICARE Military healthcare program. Patients and clients are responsible for knowing what their insurance policy covers at the University Health Center. The UHC Pharmacy is contracted with many insurance plans for prescriptions, whether written by UHC or non-UHC providers.

I, the undersigned, have read and understand this information and authorize the release of medical and other necessary information to my insurance company to process claims for services rendered. I hereby authorize my insurance company to distribute payment of my coverage directly to the UHC. I understand that I am responsible for all charges regardless of my insurance benefits and whether incurred by myself or a family member. I authorize the use of this signature on all insurance submissions. I may elect to pay any bill myself in lieu of submitting a claim for insurance reimbursement. I further agree that if UHC refers all or part of the unpaid portion of any bill to an attorney or agency for collection, I am liable for and shall pay UHC's attorney fees and/or collection agency fees resulting from the referral. I agree to pay all charges and other costs, including attorney fees, that are allowed by federal and state laws and regulations and that are necessary for the collection of these amounts

Signature: _____ Date _____
(Student)

Signature: _____ Date _____
(Parent/guardian if a minor)

12/03

Revised: 9/22/06, 2/23/2010; 2/3/2011; 2/2012; 2/2013; 2/2016; 2017

For Office Use Only:
Date Received: _____
Received by: _____
Entered by: _____