



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 2020 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 2020 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.**

\_\_\_\_\_  
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 26 – May 29, June 1 – 5, and/or June 8 – 12, 2020 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

# Medical Information Form and Authorization for Medical Care

Program/Activity Name \_\_\_\_\_

**I. Basic Personal Information** (please print)

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**II. Emergency Contact Information**

Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Phone Number(s): (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_

Contact's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Insurance subscriber (parent) name: \_\_\_\_\_

Subscriber (parent) date of birth: \_\_\_\_\_

Policy Number: \_\_\_\_\_

(Note: The institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

**III. Medical Information**

Please list any current medical concerns or medical history we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List any medications your child is currently taking, their purpose, dosage, and times taken:

\_\_\_\_\_  
\_\_\_\_\_

Does your child need any accommodations to safely participate in the program/activity? If yes, please explain or contact \_\_\_\_\_.

**Does your child require any assistance with his or her medications? If so, please explain:**

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**Last tetanus shot date:** \_\_\_\_\_

**IV. *Authorization for Medical Care***

I understand that my child is voluntarily participating in a University of Georgia program/activity. By signing this form I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program/activity. I agree to notify the program/activity of any changes in my child's mental, physical, or medical condition before the program/activity begins.

I understand that the University of Georgia does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program/activity. In the case of accident or illness, I hereby authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program/activity, the University of Georgia, and the Board of Regents from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program/activity.

**Name of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_



**UNIVERSITY OF  
GEORGIA**

Recreational Sports  
*Student Affairs*

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

Child's Name \_\_\_\_\_ Age (as of 7/1/20): \_\_\_\_\_

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 \_\_\_\_\_