<u>University of South Carolina – Sports Camps/Clinics</u>

This form must be completed and signed by the camper's parent or legal guardian. THIS FORM WILL BE RETURNED IF IT IS NOT COMPLETE. PLEASE PRINT CLEARLY!

CAMPER INFORMATION					
Camper's Name	Social Security#				
Permanent Address	Date of Birth				
ty, State, Zip Home Phone #					
MEDICAL EMERGENCY CONTACT INFORI	MATION				
		IPER			
DAYTIME PHONE #	EVENING PHO	NE #			
BACKUD CONTACT: NAME	PELATION TO C	NE # AMPER			
DAYTIME PHONE #	EVENING PHO	NE #			
BATTIME FITONE "					
INSURANCE POLICY INFORMATION					
THE ABOVE-NAMED CHILD IS COVERED E	BY HEALTH INSURANCE: (Circle One) YES - NO				
IF YES, PLEASE PROVIDE THE FOLLOWIN					
POLICY HOLDER'S (PH) NAME	P.H. DATE OF BIR	RTH			
ADDRESS	RELATION T	ГО CAMPER			
CITY STATE 7ID	OCCUPATION.				
PH'S EMPLOYER	INSURANCE (COMPANY			
INSURANCE COMPANY'S ADDRESS					
POLICY #	PLAN				
medical action is taken. However, in the medical treatments and permission for hospitalize, secure proper treatment ar	stand that every attempt will be made to contact ment of an emergency, I hereby grant my conset the attending physician or appropriate medical pend/or injections, anesthesia, or surgery. I will be resected with my child's attendance at the camp.	sonnel, to			
Parent/ Guardian Name	Parent/ Guardian Signature	Date			
ANY SPECIFIC RECOMMENDATION FROM DOES THE CAMPER HAVE ANY OF THE F	YOUR PHYSICIAN TO THIS FORM. FOLLOWING? (IF YES. PLEASE DESCRIBE)	ONS. INCOMPLETE FORMS WILL BE RETURNED. PLEASE PRINT CLEARLY AND ATTACH			
ALLEDOISE TO INSECTS NO VES	FOOD ALLERO	GIES? NO YES AL DIETARY NEEDS? NO YES			
ASTHMA? NO YES	SPECIA	ES? NO YES			
DIZZINESS OR SEIZURES? NO YES		E3: NO TE3			
LIST: OTHER HEALTH					
PROBLEMS					
	DICATIONS NO VES- IE VES WHATS:				
13 THE CAMPER CORRENTLY TAKING WEI	JICATION? NO TES- IF TES, WHAT?				
minor headaches or pains. If the camper will r it as needed.	need to take medication while attending our camp,	pers. This includes over-the-counter medications like Advil or Tylenol for he must bring the medication to camp and assume responsibility for taking ONDITION WHILE PARTICIPATING IN OUR CAMP? NO YES			

MEDICAL HISTORY IMMUNIZATION DATES: MEASLES	MUMPS	RUBELLA	MMR(COMBINED)	LAST TETANUS	POLIO SERIES		
DATE OF LAST CHECK_UP REASONS FOR ANY HOSPITALIZATION	IN THE PAST 5 YRS	? NO YES_IF YES,					
EXPLAIN						-	
PHYSICIAN'S NAMECITY, STATE,ZIP		<i>P</i> HONE#	ADDRESS				
LIABILITY, RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE							
This is a legally binding Release executed be South Carolina, Columbia, South Carolina.	oy (camper's name)_		and by	(Parent o	r Guardian name) to the University	of	
In consideration of the Camper being permitted to participate in the camp, I/We do release, waive, forever discharge, and covenant not to sue the institution, its governing board, officers, agents, employees, volunteers, and any students acting as employees ("Releasee"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature which Camper, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Camper or by any property belonging to me, while Camper is in, on, upon or in transit to or from the premises where the camp, or any adjunct to the camp, occurs or is being conducted.							
I/We have signed this "Liability Release, Waiver, Discharge and Covenant Not to Sue" in full recognition and appreciation of the dangers, hazards, and risks or such activities, which dangers include but are not limited to heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs, teeth etc., and which could include serious or even mortal injuries or property damage. I/We further attest that I/We have fully discussed the aforementioned risks and hazards, and Camper and Camper's Parent/Guardian agree that Camper has individually assumed the risks involved with this camp as witnessed below.							
I/We understand and agree that Releasees do not have medical personnel available at the location of the camp or on the campus. I/We understand and agree the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.							
It is my/our express intent that this release a administration, personal representatives, or Releasees. Camper/Camper's Parent/Gua Camper's participation in the camp.	assigns, if Camper is	deceased, and shall b	e deemed as a "Liability Relea:	se, Waiver, Discharge and Co	venant Not to Sue" the Above-nam	nes	
In signing this Release, Camper and Campagreement by reading it before we sign it, a representations, statements, or inducement preclude or restrict the Camper's participating result of injury to the Camper.	nd that I/we have rev s, apart from the fore	iewed it and Camper ur going written statement	nderstands what it means and to have been made. I/We further	the I/We sign this document as er state that there are no healt	s my/our free act and deed. No ora h-related reasons or problems which	al ch	
I/We further agree that this Release shall be or in conflict with any law governing this Re				ny term or provision of the Re	lease shall be held illegal, unenford	ceable,	
I further state that I am fully competent to sign this Agreement, and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Camper, and for Camper's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.							
THIS IS A RELEASE OF LEGAL RIGHTS.	READ BEFORE SIG	GNING.					
Parent or Guardian Signature			Date				