

Camp / Workshop Liability & Medical Release Form

BRING THIS ORIGINAL COMPLETED FORM WITH YOU WHEN YOU COME TO CAMPUS. BLANK COPIES WILL BE AVAILABLE AT REGISTRATION.

THIS FORM MUST BE ON FILE for you to participate in a West Virginia University Creative Arts camp or workshop program.

Participant Name _____

Participant Age _____

(At the time of the event)

Address _____ City _____

Participant email _____

Home Phone (_____) _____ Cell Phone

(_____) _____

Health Insurance Company _____

Policy Number _____

Known Allergies and Reactions: _____

Medications Currently Taking: _____

Please specify if you have any health concerns of which we should be aware (i.e. asthma, diabetes, food allergies, etc.)

Do you have any dietary concerns that we should be aware of?

Parents/Legal Guardians Name (with whom you live)

Emergency Contact Info of Parent/Legal Guardian

Name: _____ Cell Phone

(____) _____

email: _____

Person to notify if parent/legal guardian cannot be reached:

Name _____

Relationship _____ Phone (____) _____

I, the parent or legal guardian of the participant listed on this form, certify that they have my full approval to participate in a West Virginia University Creative Arts Program. The individual identified on this form understands that all participants are expected to abide by camp rules and be directly responsible to the Camp Director.

Initial

I do release and hereby agree to hold blameless West Virginia University Creative Arts Program in which I am participating, West Virginia University and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with a West Virginia University Creative Arts Program. I also release the lessor/owner of properties on which any part of this Program is held. I agree to pay for any damages or property loss as determined by a West Virginia University Creative Arts Program or campus officials, including any keys not returned at the time of check-out.

Initial

I do authorize the director or campus official, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while attending this event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Initial

I understand that the University's policies on Alcohol, Drug Use, Sexual Harassment, and the student code of Conduct apply while I participate in

the program. I agree to abide by these policies. I understand that misconduct can lead to removal from the program, and may, in addition result in a decision to impose further sanctions.

Initial

I authorize a West Virginia University Creative Arts Program to use photographs and video footage of the participant for promotional materials.

Initial

I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Printed Name of Parent/Legal
Guardian _____
Date _____

Signature of the Parent/Legal
Guardian _____

Date _____