



**St. Cloud State University
Summer Camps Emergency Contact and Liability Release Form**



Camper Name: _____
 DOB _____ H.S. Graduation Year _____ Gender M F
 Parent/Guardian Name(s): _____
 Phone: _____
 Email: _____
 Emergency Contact (if parents can't be reached): _____

 Phone: _____ Relationship: _____

Known Allergies/medical conditions/injuries: (include medicine, food, bee stings, asthma, heat illnesses, etc.)

Current Medications: (include inhalers, epipens etc.)

In consideration of my child being allowed to participate in any of the St. Cloud State University sports clinics/camps, related events and activities, the undersigned acknowledges and agrees:

1. I The undersigned parent or legal guardian recognize that presence at and involvement with St. Cloud State University Sports Camps (hereafter referred to as "SCSU Camp(s)") have a certain degree of risk, and I knowingly and voluntarily assume the risk, whether expected or unexpected, of any injuries regardless of severity, including death, and all risk of damage to or loss of property which I may incur due to any act of negligence or accidental occurrences while my child is participating in SCSU Camp activities. I voluntarily assume the risk of any and all means of transportation utilized in relationship to SCSU Camp activities.
2. I, on behalf of myself, my personal representatives, heirs, and next of kin, successors and assigns, hereby waive, release, and discharge St. Cloud State University, the state of Minnesota, and its agents, officers, and employees from any and all liability for my child's death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my child's travel to or from or in residence at the SCSU Camp and associated sites, engaged in SCSU Camp activities, being instructed, using or operating equipment or otherwise participating in the SCSU Camp.
3. I, on behalf of myself, my personal representatives, heirs, and next of kin, successors and assigns, hereby indemnify, save and hold harmless St. Cloud State University, the state of Minnesota, and its agents, officers, and employees, from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from my child's participation in SCSU Camp activities.
4. I agree that should my child knowingly or unknowingly engage in conduct which the university deems to be incompatible with the interest, harmony, comfort, and welfare of the other SCSU Camp participants and/or local community members, the university has the right to terminate her/his participation in SCSU Camp activities with no refund of monies paid. In the event of termination, I agree to immediately remove my child and that upon such departure the university terminates any and all relationships and responsibilities for our subsequent travels and activities.
5. In the event that I cannot be reached and am incapable of consenting to medical attention, I place within the discretion of the university the decision to seek and authorize any and all professional medical attention and/or services except the withholding or withdrawal of life sustaining procedures, as well as transportation by any conveyance to the closest medical facility deemed adequate by the university. I agree to be financially responsible for any and all expenses related to medical treatments as well as travel to receive medical treatment.
6. I acknowledge that I have confirmed that my child has medical insurance valid while participation in SCSU Camps. I verify that I have informed the university of any existing medical conditions that might require treatment, require accommodation for participation in SCSU Camp activities, or about which medical personnel should be informed.

I, the undersigned, am competent to sign this release, and have read it carefully and understand all its terms and conditions.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

Name of SCSU camp attending