



# UNIVERSITY OF NORTHERN IOWA RELEASE AND MEDICAL INFORMATION

I hereby assume all risks of camp activity (including property loss or damage, personal injury and death) that may result from any sports camp activity (including residence hall activity and transportation). As parent/guardian, I agree to release, indemnify, defend, hold harmless, discharge, and covenant not to sue the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, the sports camps and their officers, employees, agents, instructors and all participants in the sports camp program (collectively, the "Releasees") from and against all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage arising out of or related to the student's participation in the sports camp and sports camp activities, whether caused by the negligence of the Releasees or otherwise. I further agree that this Release and Medical Authorization shall be construed in accordance with the laws of the State of Iowa.

In the event of injury or illness, I give my consent for medical treatment, and permission to camp personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand **each** student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student's attendance at the University of Northern Iowa Panther Sports Camp.

I certify that the student is physically capable of participating in the camp activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform under the normal conditions of camp activities. The University of Northern Iowa reserves the right to deny anyone the opportunity to participate where question exists regarding a student's physical capability to safely participate in camp activities.

**I HAVE CAREFULLY READ THIS ENTIRE RELEASE AND MEDICAL AUTHORIZATION, FULLY UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND BY IT.**

PLEASE **PRINT** ALL INFORMATION EXCEPT PARENT/GUARDIAN SIGNATURE, WHICH IS REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE. REGISTRATION WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETED WITH REQUIRED SIGNATURES AND RETURNED WITH REGISTRATION AND DEPOSIT.

Student's Name \_\_\_\_\_

2010 Camp(s) Attending \_\_\_\_\_

Father's Name \_\_\_\_\_

Day Phone(\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Day Phone(\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_ Date of last tetanus immunization \_\_\_\_\_

Any serious medical conditions (e.g., diabetes, asthma, epilepsy)  
\_\_\_\_\_  
\_\_\_\_\_

Medications currently taken and for what conditions

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Allergies \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Alternate Phone(\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form by mail to: UNI Sports Camps, 2401 Hudson Road, North Dome 268, Cedar Falls, IA 50614-0310; by fax to: 319-273-4700; or scan and email to: sportscamps@uni.edu.**