

CONSENT AND ACKNOWLEDGMENT OF RISK

PLEASE PRESENT THIS FORM AT TIME OF REGISTRATION (ON REGISTRATION DAY)

Program:
Sponsor:
Camp Site/Name:

Date of Session: _____

Participant Name: _____

Last First Middle

IN CONSIDERATION of the right to attend and participate in the Program described above, the Participant (and, if the participant is a minor, his or her parent or legal guardian) hereby:

- 1. Agrees to abide by all rules and regulations established by Carroll College and the above named Program Sponsor;
2. Authorizes Carroll College, the Program Sponsor, or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
3. Grants to Carroll College and/or the Program Sponsor for any purpose connected with promoting the purposes and goals of Carroll College and/or the Program Sponsor, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recording of the Participant while he or she is participating in the Program, and any biographical information submitted by the Participant, and to use, reproduce, publish, and distribute the same;
4. Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Program; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds harmless Carroll College and the Program Sponsor harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorneys' fees incurred or suffered by Carroll College or the Program Sponsor as a result of, or rising out of, the Participant's negligence or misconduct;

This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of Carroll College and the Program Sponsor.

The Participant (and, if the Participant is a minor, his or her parent or legal guardian) has read this Consent and acknowledgment of Risk, and understands its contents.

Name of Parent or Legal Guardian: _____

Address: _____

Telephone: _____

Signature of Parent or Legal Guardian of Participant

Date

RECORD OF MEDICAL HISTORY

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Check the following conditions you have had:

Measles _____	Diphtheria _____	Mononucleosis _____	Diabetes _____	Heart Disease _____
Mumps _____	Epilepsy _____	Chicken Pox _____	Appendectomy _____	Sulfonamides _____
Pneumonia _____	Polio _____	German Measles _____	Heart Problems _____	Tonsilectomy _____
Other _____	Other Surgery _____			

What vaccinations and immunizations have you had?

Please list known allergies:

	YES	NO	Date (mo/yr)	_____
Diphtheria, Tetanus	_____	_____	_____	_____
Polio	_____	_____	_____	_____
Measles	_____	_____	_____	_____
Rubella (German Measles)	_____	_____	_____	_____
TB Skin Test	_____	_____	_____	_____

GENERAL

1. Do you require any special dietary considerations? Please detail: _____

2. Are there any limitations on the amount or type of physical exercise that you can engage in? YES NO
 Describe: _____

TREATMENT AUTHORIZATION

In the event that the Participant is a minor and needs medical treatment, I request that the parents/guardians listed on the form be contacted to authorize treatment. In the event parents/guardians cannot be reached, the following persons have been given consent to authorize treatment for the Participant.

Name/Relationship _____ Phone _____
 Name/Relationship _____ Phone _____

PARENTAL CONSENT FOR TREATMENT OF A MINOR

If a situation occurs in which the above named Participant is a minor and requires immediate medical attention, and I [or an authorized individual(s)] am unable to give consent, this signed statement will serve as authorization for Carroll College, the Program Sponsor, or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the even of the Participant's illness, injury, or incapacity.

Signature of Parent or Guardian
(if participant is a minor)

Date