

## Youth Program Medical Information and Release Form

**PROGRAM INFORMATION - High School Name:** \_\_\_\_\_

**Program Name:** Bruce Pearl High School Team Camp

**Date(s):** \_\_\_\_\_

**Times:** \_\_\_\_\_

**Location:** \_\_\_\_\_

As the parent or legal guardian of the minor child named below ("Participant"), I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended.

***This information will be kept in strict confidence and will only be shared with your permission.*** Auburn University requests the information below so that, in case of emergency, we will have accurate information to provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history.

**Final determination about whether to participate is the responsibility of you and your physician.**

### GENERAL INFORMATION

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_

Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

Relation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### MEDICAL INFORMATION

It is recommended that Participant consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, ***it is your responsibility to consult with your own physician*** prior to participating in this Program.

Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. If Participant has any medical issue that is not requested below, but which you think is important, please include that information. Use the back and/or additional paper if needed.

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Although immunizations are not required for participation, we strongly encourage that program participants are appropriately immunized for, at minimum, the following diseases: tetanus, measles, mumps, rubella (MMR), meningococcal meningitis.

Date of most recent tetanus toxoid immunization: \_\_\_\_\_

☐ I understand and acknowledge that because immunizations are not required, program participants may be exposed to individuals who have not been immunized and/or individuals who may carry infectious diseases, which may result in Participant contracting an infectious disease.

☐ I understand and accept the risks to Participant that relate to and arise from potential exposure to and contraction of an infectious disease.

Please Initial: \_\_\_\_\_

Insurance coverage is not a requirement for participation in the Program.

☐ **I understand that Auburn University does not offer any form of insurance for Participant while participating in Program.**

Please Initial: \_\_\_\_\_

Do you have health/accident insurance? ☐ YES ☐ NO

If yes, please indicate policy number, name, and address of insurance company.

Insurance Provider: \_\_\_\_\_

Insurance subscriber name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Subscriber date of birth: \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM.**

**For the following, indicate the response and explain as appropriate:**

**Does participant have any limiting medical conditions that you or your doctor feel would limit participation in the Program?**

☐ YES ☐ NO If yes, identify and explain: \_\_\_\_\_

**Is Participant currently taking medication that may interfere with their ability to safely participate in the Program?**

☐ YES ☐ NO If yes, please indicate the medication and the condition being treated: \_\_\_\_\_

**Does Participant have a history of allergies or reactions to medications, latex, insect stings, plants, etc.?**

☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

**Does participant have a history of, or currently suffer from, medical condition(s) of which we need to be aware?**

☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

**Will your child need to take medication(s) during the program?**

☐ YES ☐ NO

*If yes, please complete a Medication Management Form for each medication, place the completed form(s) with the medication(s) in a zip-top bag clearly labeled with Participant's name and date of birth, and provide the bag to a program staff member at check-in. Please consult with the Program Director if Participant has emergency medication(s) that must stay with them at all times.*

### **DISABILITY INFORMATION**

**Does your child have a disability that requires accommodations to enable them to participate in the Program?**

☐ YES ☐ NO

*To request accommodations, contact the Program Director, who will coordinate with the Office of Accessibility. Requests should be submitted in writing at least 30 days prior to the event. Late requests may not be accommodated due to time constraints.*

☐ If accommodations are requested, I give Auburn University permission to explore coverage and reasonable accommodations under the Americans with Disabilities Act. This may include sharing information with appropriate University personnel, and I acknowledge that such communication is consistent with business necessity. I understand that all information obtained during this process will be maintained and used in accordance with ADA confidentiality requirements.

Please Initial: \_\_\_\_\_

### **FOOD ALLERGY/INTOLERANCE/OTHER DIETARY CONCERN**

**Does your child have a food allergy, food intolerance, or other dietary concern?**

☐ YES ☐ NO

*If yes, please complete the Food Allergy, Intolerance, or Dietary Concern Form.*



Please provide any additional information or explanation that you feel could be relevant or beneficial for our staff to know in supporting your child during this program. (Attach additional information, if necessary.)

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**PART 3: AUTHORIZATION FOR MEDICAL CARE**

In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian.

Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this Program. I will assume the financial responsibility for any cost of health care for Participant that may occur during this Program, including any costs of transportation to receive medical attention.

As a Participant, parent, or guardian, I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all materials and important information to Auburn University pertaining to Participant's medical, mental, and physical condition and that it is accurate and complete. I agree to notify Auburn University of any changes in Participant's medical, mental, or physical condition prior to the Program.

I understand that by revealing or disclosing the above medical information it will not be used by Auburn University personnel or employees to determine Participant's ability to participate safely in activities. I understand that if Participant chooses to participate in activities, they do so voluntarily and of their own accord and the final decision regarding participation is solely the responsibility of myself and Participant.

I hereby hold harmless and agree to indemnify the Youth Program, Youth Program Personnel, Auburn University; its Board of Trustees, individually and collectively; Administrators; Faculty; Staff; and all other officers, directors, employees, and agents against any claims that may arise relating to Participant's medical care while participating in this Program.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19**

**Auburn University Youth Program****Informed Consent, Voluntary Waiver, Release of Liability, & Assumption of Risks Form****PROGRAM INFORMATION**

Program Name (hereafter "Program"): \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Times: \_\_\_\_\_  
Location: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name of Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

**THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE-REFERENCED PROGRAM.**

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand, and appreciate that as part of my Child's participation in the Program there are dangers, hazards, and inherent risks to which my Child may be exposed, including mental anguish, the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life, or damage to property arising out of training for, preparing for, participating in, and traveling (if applicable) to, during, or from the Program.

I, on behalf of my Child, hereby release the Youth Program, Youth Program Personnel, Auburn University; its Board of Trustees, individually and collectively; Administrators; Faculty; Staff; and all other officers, directors, employees, and agents (hereafter "Auburn") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training for, preparing for, participating in, and traveling (if applicable) to, during, or from the Program. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify, and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss, or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that Auburn accepts no responsibility for my Child's personal property.

Auburn does not accept responsibility or liability for providing health care insurance for my Child. I acknowledge that I should consult my Child's medical care provider regarding my Child's participation in the Program, and I warrant my Child's physical fitness to participate in the Program. In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for my Child on my behalf.

I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during their participation in the Program and agree to indemnify and hold Auburn harmless for any claim that may be made by a doctor or medical facility for said fees and charges incurred in the provision of medical care to my Child.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage, or loss as a result of my Child's participation in any part of the Program, shall be brought only in Lee County, Alabama.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions.

I understand that I am giving up substantial rights (including my right to sue). I acknowledge that I am signing this document freely and voluntarily, and I intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. I certify that I am the parent or legal guardian of the Child named above and that I have the right to sign this document on the Child's behalf. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name: \_\_\_\_\_  
Participant Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19**



**Youth Program Media, Photo, & Video Release Form***A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19***PROGRAM INFORMATION****Program Name :** \_\_\_\_\_**Date(s):** \_\_\_\_\_**Location:** \_\_\_\_\_**PARTICIPANT INFORMATION****Name of Participant:** \_\_\_\_\_**Address:** \_\_\_\_\_**City:** \_\_\_\_\_**State:** \_\_\_\_\_**Zip:** \_\_\_\_\_**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.****THIS IS A LEGALLY BINDING DOCUMENT.**

In consideration for my minor child's participation in the above-captioned Program, I, the undersigned parent/guardian of the child indicated above, hereby grant to the Youth Program, Youth Program Personnel, Auburn University; its Board of Trustees, individually and collectively; Administrators; Faculty; Staff; and all other officers, directors, employees, and agents ("University") the right to capture my child's name, likeness, image, or voice in photographic, audio, video, digital, or other recording forms and to reproduce, use, publish, exhibit, display, broadcast, distribute, profit from, modify, adapt, and create derivative works of those recordings as well as works produced by my child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works will be used in connection with University business, the activities of the University, or for promoting, publicizing, or explaining University activities or events.

Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

I waive my right to inspect or approve any Works that may be created by the University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I also understand that neither I nor my child will receive compensation in connection with the use of my child's name, likeness, image, or voice, nor in connection with the Materials.

I, on behalf of my child, furthermore release, indemnify and hold harmless University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my child may suffer, for which my child may be liable to any other person, or that may or does arise out of the use of the Materials.

This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample time to read this document and I understand and agree to all of its terms and conditions. I acknowledge that I am signing this document freely and voluntarily. I certify that I am the parent or legal guardian of the Child named above and that I have the right to sign this document on the Child's behalf. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

**Parent/Legal Guardian Name:** \_\_\_\_\_**Parent/Legal Guardian Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_