



Camp: _____
Camper: _____

Dates: _____



RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

Purpose: To release Ohio Wesleyan University from any and all liability for the claim(s) of a participating camper and/or the claim(s) of such camper's parents or legal guardian that might arise as a result of the camper's participation in the summer camp and its programs and activities.

I/We recognize the possibility and risk of injury associated with my/our child's participation in the summer camp. In consideration of Ohio Wesleyan University's accepting my/our child as a registrant for and

participant in the camp, as the parent/legal guardian of _____ date of birth: _____, I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Ohio Wesleyan University, including its governing board, trustees, directors, officers, employees, and any students, agents or volunteers acting at Ohio Wesleyan University's direction (collectively referred to as "Releasees"), for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, illness, damage or death that the minor may suffer as a result of the minor's participation in the Program, **REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY, ILLNESS, DAMAGE, OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT, AND REGARDLESS OF WHETHER THE INJURY, ILLNESS, DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT, TO OR FROM THE PREMISES WHERE THE PROGRAM, OR ANY LOCATION ADJUNCT TO THE PROGRAM, OCCURS OR IS BEING CONDUCTED.**

I further agree that the Releasees are not in any way responsible for any injury, illness, or damage that I sustain as a result of my own negligent or grossly negligent acts or my own intentional misconduct and I hereby release Releasees from any liability for the same.

Signature of Parent/Guardian: _____ Date: _____

COVID-19 WAIVER AGREEMENT

COVID-19/Infectious Disease: I acknowledge the contagious nature of COVID-19 or any other infectious disease and voluntarily assume the risk that the Minor (and the Minor's family members, including myself) may be exposed to or infected by COVID-19 or other infectious disease by attending an event/camp at OWU and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of the Minor becoming exposed to or infected by COVID-19 while participating in such activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, OWU's employees, representatives, agents, contractors, vendors, and volunteers (collectively, the "Released Parties"). I further agree to cause the Minor to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases.

Signature of Parent/Guardian: _____ Date: _____

MEDICAL AUTHORIZATION FORM

Purpose: To enable parents and guardians to authorize medical and, or, dental treatment for any participating camper who becomes ill or injured while in any program or activity in or related to the above-named Ohio Wesleyan University summer camp, when the parents or guardians cannot be reached.

As the parent/legal guardian of _____ date of birth: _____, I/we request that, in my/our absence, the above-named camper be admitted to any hospital or medical facility for diagnosis and treatment; and, I consent to such admission, diagnosis, and treatment. I/we request, consent to, and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

The following apply(-ies) to the above minor child (please check all that apply and leave blank if not applicable):

- _____ diabetes _____ epilepsy _____ heart condition
- _____ hearing loss _____ vision loss
- _____ allergies to: _____ bee stings _____ foods (identify) _____ medications (identify)
- _____ asthma, Medication prescribed: _____
- _____ physical limitations Date of last Tetanus Booster: _____

Any other medical problems which should be noted: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Name of Parent/Guardian: _____

Address: _____

City/State/Zip: _____

Phone (H): _____ (W): _____ (Fax): _____

Person to be notified if parent/guardian is unavailable: _____

Phone (H): _____ (W): _____ (Fax): _____

Insurance Carrier: _____ Policy Number: _____

Signature of Parent/Guardian: _____ Date: _____