

# BLAKE HARRELL FOOTBALL CAMPS

## REGISTRANT INFORMATION



Participant Name \_\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Camper Phone Number \_\_\_\_\_ Position \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Phone Number \_\_\_\_\_  
Parent/Guardian Email \_\_\_\_\_

### **For Office Use Only**

Camp Name \_\_\_\_\_ Date \_\_\_\_\_  
Check \_\_\_\_\_ MO \_\_\_\_\_ Cash \_\_\_\_\_ Credit \_\_\_\_\_  
Amount Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

### **CAMP LIABILITY RELEASE**

This is a legally binding Camp Liability Release, Covenant Not to Sue, Assumption of the Risk, Indemnity and Hold Harmless Agreement ("Release") executed by \_\_\_\_\_ ("Camper") and (if Camper is less than eighteen (18) years of age) by Camper's Parent(s)/Guardian(s) for the benefit of \_\_\_\_\_ ("Camp") and East Carolina University.

In consideration of the Camper being permitted to participate in the Camp, Camper and Parent(s)/Guardian(s) do hereby release, forever discharge, covenant not to sue and agree to hold harmless and indemnify East Carolina University, the Camp, and their respective governing board members, officers, agents, employees, staff, related corporations and volunteers (collectively referred to as "Releasees") from and against any and all liability for any and all harm, injuries, damages, claims, demands, actions, causes of action, costs, attorney's fees and expenses of any nature, including, but not limited to, loss of consortium, physical and mental suffering, and death, arising out of or related to any loss, damage, or injury that may be sustained by Camper or by any property belonging to Camper or Parent(s)/Guardian(s) that results, directly or indirectly, from Camper's participation in the Camp, and even to the extent that Releasees were negligent.

Camper and Parent/Guardian sign this Release in full recognition and appreciation of the dangers, hazards and risks associated with participating in the Camp, which dangers, hazards and risks include, but are not limited to, heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs and teeth; and which could also include serious personal injuries, death or property damage. Camper and Parent(s)/Guardian(s) further attest that they have fully discussed and assessed the aforementioned dangers, hazards and risks and agree that they have individually, voluntarily and knowingly assumed the risks associated with participation in this Camp.

In signing this Release, Camper and Parent(s)/Guardian(s) acknowledge and represent that they have read and fully understand this Release before signing it, and that they are signing this Release as their own voluntary act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. Camper and Parent(s)/Guardian(s) further state that they are fully competent to sign this Release, and that they do so for full, adequate, and complete consideration, fully intending to bind themselves and their respective family members, estates, heirs, administrators, personal representatives, and assigns.

THIS IS A RELEASE OF LEGAL RIGHTS. CAUTION: READ BEFORE SIGNING.

**IF CAMP PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN.**

**IF CAMP PARTICIPANT IS 18 YEARS OR OLDER, PARTICIPANT MUST SIGN.**

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

Printed Name: \_\_\_\_\_

*Private Camp Owner Shall retain the original signed Release for no fewer than 7 years after date of signature.*

**PERTINENT MEDICAL INFORMATION AND CONSENT TO TREAT PARTICIPANT**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Emergency Contact Phone Number: \_\_\_\_\_ Camp(s): \_\_\_\_\_

Has Participant ever been diagnosed with Sick Cell trait? ☐ YES ☐ NO Date of last Tetanus Booster: \_\_\_\_\_

Please list any chronic medical conditions (Asthma, Diabetes, etc.) or other pertinent medical or psychological history of Participant: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PERMISSION TO DISPENSE MEDICATIONS**

**PARTICIPANTS AGE 18 OR OLDER ("ADULTS"):** Unless a special arrangement is made with Camp personnel, all adults are personally responsible for administering and maintaining possession of their own medications.

**PARTICIPANTS UNDER AGE 18 ("MINORS"):** Camp personnel will not dispense any prescription (antibiotics, Insulin, inhalers, etc.) or non-prescription (Advil, Tylenol, etc.) medications to Minor Participants unless consent has been given by a parent or guardian. The parent/guardian must give the medication directly to the Camp Director or designated staff member in individual dosage containers or original manufacturer's/original prescription containers on the first day of Camp.

**The Minor's Currently Prescribed Medications:**

Medication Name	Dosage	Dispense Time	Special Storage or Other Instructions
_____	_____	_____	_____
_____	_____	_____	_____

**The Minor's Non-Prescribed Medication:** Where Camp personnel administer non-prescription medications, the recommended dosage will be adhered to according to the instructions on the container or if not found there, based on manufacturer's instructions.

Ibuprofen (Advil)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other non-prescription medications which may be administered:
Acetaminophen (Tylenol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Allergies (Benadryl)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

I, the undersigned, hereby authorize such diagnostic, medical and/or surgical treatment of Participant as may be considered necessary or appropriate under the circumstances for the treatment of Participant due to illness, accident or emergency while participating in the Camp. I hereby give permission to the Camp staff to secure medical treatment, and/or take any medical actions deemed necessary in the judgment of Camp staff. I agree to assume sole responsibility for all costs and expenses arising out of said treatment. I certify that the information provided above is a **complete and accurate** statement of the physical and psychological factors which may affect Participant's involvement at Camp. I certify that Participant is physically and psychologically fit to participate in the Camp, with or without reasonable accommodation. If Participant requires reasonable accommodation to participate in Camp, I will contact the Camp Owner prior to the start of Camp to request and/or make arrangements for such accommodation.

**IF CAMP PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN.**

**IF CAMP PARTICIPANT IS 18 YEARS OR OLDER, PARTICIPANT MUST SIGN.**

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

Printed Name: \_\_\_\_\_

*Private Camp Owner shall retain the original signed form for no fewer than 7 years after date of signature.*