

**CAMP**  
**RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

Every Participant must have a completed and signed release form to turn in at registration on the first day of Camp to participate. ALL areas must be completed.

Camper's Name (First, MI, Last):	Name of Parent / Legal Guardian:	Parent/Legal Guardian Work Number: _____ Email Address: _____
Address:	City, State & Zip:	Phone Mobile Number: (        )        -

I, \_\_\_\_\_, on my own behalf as Parent or Legal Guardian, and on behalf of \_\_\_\_\_, a Camper (hereinafter "Camper"), hereby grant the permission necessary to allow Camper to participate in the above camp to be conducted by Emory University ("Camp"). I understand that Releasees (as defined below) do not warrant or guarantee the suitability of the Camp for Camper's participation. I understand that there are inherent risks involved in participating in the Camp, and that Camper's participation in the Camp is entirely voluntary. I am aware that, during the Camp, certain known and unanticipated risks and dangers may occur, including, but not limited to, the hazards of traveling by automobile, bus or other conveyance; accident or illness; the forces of nature; all manner of foreseen and unforeseen bodily and personal injuries, including death; damage to property; and the consequences resulting therefrom. Each Camper must be covered by a health insurance policy, and each Parent or Legal Guardian, on behalf of the Camper, understands that Emory University does not provide any travel insurance in connection with the Camp activities.

I understand that it is my and the Camper's responsibility to know what personal equipment is required (such as footwear and clothing) and provide the proper personal equipment for Camper's participation in the Camp, and to ensure that it is in good and suitable condition. I agree to ask questions to make sure that Camper knows how to safely participate in the Camp activities. IN CONSIDERATION OF CAMPER BEING PERMITTED TO ATTEND AND PARTICIPATE IN THE CAMP, I ACKNOWLEDGE AND VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH THE CAMP, ALONG WITH ANY TRAVEL TO OR FROM SUCH ACTIVITY OR THE PROVISION OF TRANSPORTATION TO OR FROM THE EVENT.

Each Camper may also be subjected to exposure to individuals whose health history and exposure risk for COVID-19 or other infectious diseases cannot be determined. Should a Camper contract COVID-19 or another infectious disease or have symptoms consistent with a COVID-19 or other infectious disease diagnosis, the Parent or Legal Guardian of such Camper understands and agrees that Camper will not participate in the Camp in person during such time as the CDC then recommends isolation or quarantine. Each Camper and their Parent or Legal Guardian are fully aware that infection may cause serious illness or death.

I, on my own behalf and on behalf of the Camper, our heirs, representatives, executors, administrators and assigns, for the sole consideration of Camper being allowed to attend and participate in the Camp, do hereby release, relieve, covenant not to sue and forever discharge, defend, indemnify and hold harmless, Emory University, its trustees, officers, agents, employees, students, and volunteers (hereinafter collectively "Releasees") of any and from all claims, demands, rights, liabilities, losses, expenses, and causes of action (with the exception of gross negligence or willful misconduct) of whatever kind or nature including, but not limited to, negligence, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from any participation in or in any way connected with arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Camper may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I, ON MY OWN BEHALF AND ON BEHALF OF THE CAMPER, HEREBY WARRANT THAT I HAVE READ THIS RELEASE OF LIABILITY IN ITS ENTIRETY AND FULLY UNDERSTAND ITS CONTENTS. I, ON MY OWN BEHALF AND ON BEHALF OF THE CAMPER, AM AWARE THAT THIS RELEASE OF LIABILITY RELEASES RELEASEES FROM LIABILITY AND CONTAINS AN ACKNOWLEDGEMENT OF MY VOLUNTARY AND KNOWING ASSUMPTION OF THE RISK OF INJURY OR ILLNESS.

**Medical Release.** I, on my own behalf and on behalf of the Camper, acknowledge and agree that such participation subjects Camper to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and on behalf of the Camper, acknowledge that the Camper is in good health, physically fit and mentally capable of participating in Camp activities, and is covered by a health insurance policy, and I hereby give full approval for the Camper's participation in the Camp. In the event of such illness or injury, I authorize Emory University to obtain necessary medical treatment for the Camper and hereby, on my own behalf and on behalf of the Camper, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Camper for any illness or injury that the Camper may sustain during the Camp and while traveling to and from the site for the Camp.

**Camp Rules.** I further acknowledge and understand that Emory University has rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Camper and I agree to abide by, and that Camper and I will be responsible for any failure to abide by those rules and regulations. Camper and I agree that we have received, read, and understand all Camp rules and regulations and understand that violation of the rules and regulations can result in dismissal from Camp.

**Insurance and Medical Information** I represent that any medication to which Camper is allergic or medications that Camper is currently taking are listed below. I agree that Camper shall bring any medications which Camper is currently taking, that the Camper acknowledges, agrees and understands that he/she must self-administer any medications, and that he/she shall appropriately consume the dosage for such medications as prescribed. **Emory University will not administer or supply any type of medication at Camp, except in instances where Emory University is exercising its authority to provide such medical treatment as a result of Camper's illness or injury sustained while participating in the Camp.**

Medications if any: \_\_\_\_\_ Allergies if any: \_\_\_\_\_

I acknowledge that the Camper suffers from the following conditions: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Camper Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Policy/Group Number - **REQUIRED**: \_\_\_\_\_

**Emergency Information:** Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_\_) \_\_\_\_\_

BY SIGNING BELOW, I, ON MY OWN BEHALF AND ON BEHALF OF THE CAMPER, HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTOOD THE ABOVE BEFORE SIGNING AND AGREE TO COMPLY WITH THE ABOVE PROVISIONS. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT, IF ANY PORTION OF THE RELEASE IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of law principles.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_

I, identified above as Camper, acknowledge that I have read and understand the Camp Rules and Regulations and agree to abide by them.

Signature of Camper: \_\_\_\_\_  
Date: \_\_\_\_\_ Witness: \_\_\_\_\_

**Media Release.** For good and valuable consideration herein acknowledged as received, I on my own behalf and on behalf of the Camper, hereby grant to Releasees, and those acting with Releasees' authority and permission, the irrevocable and unrestricted right and permission to create, use, re-use, publish and re-publish video recordings, audio recordings, photographs, or other media that contain or capture the Camper's likeness or voice or in which the Camper's likeness or voice may be included (the "Recordings") in connection with any publication or materials relating to or serving the mission and goals of Releasees', including advertisements, brochures, or other promotional materials. The Recordings may be used with or without the Camper's name, and in any and all media now or hereafter known. I acknowledge and agree that Releasees' own all right, title, and interest in and to the Recordings, including all copyrights therein and the full and unrestricted right to edit and modify the Recordings, and I hereby assign and agree to assign any such interest that I may own or control to Releasees. I also consent to the use of any printed matter in conjunction with the Recordings. I hereby waive any right I may have to inspect or approve the Recordings or any finished product or products incorporating the Recordings and any written or other print material that may be used in connection therewith, including print material containing my name. I acknowledge that nothing in this Agreement obligates Releasees or any third party to make any use of the Recordings.