

Authorization, Release and Informed Consent Form



I understand that participation in Vincennes University camp activities involve physical and mental activities that may accidentally lead to injury. I understand that attendance at camp is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and standards of conduct.

In the case of an emergency, I understand that efforts will be made to contact the individual listed as the emergency contact person. In the event that the emergency contact cannot be reached, permission is hereby given to the medical provider selected by camp coordinator to secure proper treatment, including hospitalization, anesthesia, surgery, or injections. Medical providers are authorized to disclose protected health information to the camp coordinators, University officials, physicians, or health care provider involved in providing medical care to camp participant. I understand this may include examinations findings, test results, treatment provided and communication with participant’s parent or guardian.

I have fully considered the risks involved and hereby give my informed consent for my child to participate in camp activities. I further authorize the sharing of the information on this form with University officials, volunteers, or other professionals who may need to know of medical conditions or special considerations for the purpose of conducting camp activities.

With appreciation for the risks associated with camp activities, on my own behalf and on behalf of my minor child, hereby fully and completely release and waive any and all claims of personal injury, death, or other loss that may arise against Vincennes University, the Trustees of Vincennes University, Vincennes University employees, camp coordinators, camp employees, camp volunteers, or other parties or organizations associated with camp or camp activities.

Parent/Guardian Signature for Minor Child:

Date: _____