

## Camp Participant Information

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Office Phone \_\_\_\_\_

Is the participant currently being treated by a physician for an injury or illness? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

List all medical conditions of the Camp Participant:

\_\_\_\_\_  
\_\_\_\_\_

List all medication the Camp Participant is taking:

\_\_\_\_\_  
\_\_\_\_\_

List all allergies the Camp Participant has:

\_\_\_\_\_  
\_\_\_\_\_

### Insurance Information

Policyholder Name: \_\_\_\_\_

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

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

### Emergency Contact Information

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

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

As the parent/guardian of the participant listed above I hereby agree to the following as a condition of \_\_\_\_\_'s participation in the Camp:

I give my permission to the University of Arkansas Fort Smith, Mercy, Baptist Health, River Valley Urgent Care, and/or other unnamed health care providers to provide, seek, obtain, or approve any routine, necessary, or emergency health care during the participant's involvement in the Camp. I understand this authorization is given in advance of any specific diagnosis, treatment, or medical care being required and is to serve as specific consent to any and all such treatment or hospital care which may be deemed advisable. I understand my rights under the Health Insurance Portability and Accountability Act (HIPAA) and authorize the University of Arkansas Fort Smith to release information necessary.

I attest that a physician has examined the participant in the past twelve months, and he/she was found to be in good health. I attest that there is no medical reason for the participant to not participate in the strenuous physical activities of the camp program.

If the Camper is a minor under the age of eighteen (18), signature of Parent/Guardian is required:

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

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

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

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



## RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration for the Camper being permitted to participate in the UAFS Camp over its given dates, the undersigned, acting on behalf of ourselves and our child, and any heirs or assigns, hereby waive and release forever any and all rights for claims and damages we and/or our child/guardian may have against the Board of Trustees of the University of Arkansas, its current and former employees, and the Camp, and the Camp's owners, officers, agents, and employees from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which we or our child may have or which may hereafter accrue to our child, arising out of or relating to any loss, damage, or personal injury (including, without limitation, death), that may be sustained by our child at any Activity, or to any property belonging to child, whether caused by negligence or carelessness on the part of the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, employees, or the Camp, and the Camp's owners, officers, agents, and employees or otherwise, while our child is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

We accept, understand, and assume that there is a risk of injury in this Activity, due to the physical and athletic nature of the Activity, including but not limited to falls, contact with other participants, and running drills. The Camper agrees to follow instructions and to wear all necessary, recommended, and appropriate protective gear.

We agree on behalf of ourselves, our Camper, and any heirs or assigns to release, hold harmless, and indemnify the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, and employees from and against any and all claims and liability or damages of any kind or nature whatsoever arising out of or relating to the Activity.

Printed Name of Camper: \_\_\_\_\_

Signature of Camper: \_\_\_\_\_

If the Camper is a minor, under the age of eighteen (18), signature of Parent or Guardian is required:

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

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

Telephone: \_\_\_\_\_

