



YOUTH CLINICS AND CAMPS HEALTH INFORMATION, INFORMED CONSENT RELEASE AND EXPRESSED  
ASSUMPTION OF RISK

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_

Name of Camp Attending \_\_\_\_\_

Start Date and Name of clinic/Camp \_\_\_\_\_

Parent/Guardian Name(s)

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ Work Phone No. (\_\_\_\_\_) \_\_\_\_\_

Cell Phone No. (\_\_\_\_\_) \_\_\_\_\_

Past Injuries

History of Serious Illnesses

Recent Operations \_\_\_\_\_

Allergies of Any Kind \_\_\_\_\_

List any prescription or over the counter medications your child is bringing to camp:

Date of Last Tetanus Immunization

PERMISSION TO PHOTOGRAPH

I hereby give permission for the above registered camper to be photographed during participation in the CoreHKY Clinic and Camp programs. I understand the photos may be used by CoreHKY to promote the program in future years. No participant photographed will be identified by name.

\_\_\_\_\_(Initials of Parent or Guardian)

HEALTH INSURANCE COVERAGE

I verify that the above registered camper has health insurance coverage, and acknowledge that CoreHKY and their employees, officials or agents are not responsible for any health care expenses as a result of my participation in fitness and health testing. In case of injury/illness while participating in \_\_\_\_\_ Camp or clinic with CoreHKY.

I hereby give advance permission to obtain medical services on behalf of the above registered camper including, but not limited to, paramedic treatment, transportation by emergency vehicle to a medical facility, and treatment by emergency physicians. All extraordinary measures are to be taken in regards to treatment and I shall assume all fiscal responsibility as to any treatment and services. I will indemnify

and hold harmless CoreHKY and their employees, officials and agents from any and all financial and legal obligations associated with emergency treatment, including all actions in seeking and obtaining this service.

I, \_\_\_\_\_, understand that the risk of injuries is an inevitable and inherent consequence of participating in \_\_\_\_\_ clinic and or camp with CoreHKY and that no amount of reasonable instruction and supervision, use of proper equipment or facilities will prevent injuries. I choose to assume this risk and to allow the above registered camper to participate in \_\_\_\_\_ clinic and or camp.

I understand that CoreHKY and their employees are not responsible for personal injuries or damages caused during participation in this voluntary activity. In accepting this risk, I expressly and explicitly release and discharge from responsibility and liability CoreHKY and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to the above registered camper as a result of participating in \_\_\_\_\_ clinic and or camp.

In addition, I agree to indemnify and hold harmless, legally and otherwise, CoreHKY and the employees, officials or agents of any and all of the foregoing, pursuant to, related to, or arising from, any injuries to my person as a result of participating in the fitness and health testing. I, the undersigned, am at least 18 years of age, and competent to sign this release. By signing this release, I hereby acknowledge that I understand and voluntarily accept the hazards, risks, rights and responsibilities noted in this release. A parent or guardian must sign if the camper is under 18 years of age. **CAMP SAFETY & CONDUCT:** By my signature below, I attest that I have read and have advised my child, who will attend a clinic and or camp with CoreHKY, of all information contained within the CAMP SAFETY flier provided. Signature of Participant or Parent/Guardian (Required if participant is under 18 years of age)

\_\_\_\_\_ Date \_\_\_\_\_

This authorization must be signed by a parent or guardian if applicant is under 18 years of age.