

**CAMP LIABILITY RELEASE, COVENANT NOT TO SUE, ASSUMPTION OF THE RISK,  
INDEMNITY AND HOLD HARMLESS AGREEMENT**

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 under 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 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.

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.**

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Camper Printed Name:** \_\_\_\_\_

**IF CAMPER IS UNDER 18 YEARS OF AGE, PARENT(S) OR GUARDIAN(S) MUST ALSO SIGN:**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian Printed Name:** \_\_\_\_\_

ECU Athletics shall retain the original signed Release for no fewer than 12 years after signature

# PERMISSION TO DISPENSE MEDICATIONS

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Camp(s): \_\_\_\_\_

## **MEDICATIONS TO BE ADMINISTERED BY CAMP PERSONNEL**

The Sports Camp's designated personnel will not dispense any medications non-prescription drugs (Advil, Tylenol, etc.) or prescription medications (antibiotics, insulin, inhalers, etc.) to the above named Participant until the following information has been completed by a parent or guardian. I the parent/guardian must give the medication directly to the camp director or designated staff member in individual dosage containers, original manufacturer's container or original prescription container on the first day of camp.

I, \_\_\_\_\_, the parent/guardian of the Participant, give permission to the camp staff to administer to my child:

**Prescription Medication Name:** \_\_\_\_\_

Dispensing Time: \_\_\_\_\_ Dosage: \_\_\_\_\_

Special Storage Instructions: \_\_\_\_\_

**Prescription Medication Name:** \_\_\_\_\_

Dispensing Time: \_\_\_\_\_ Dosage: \_\_\_\_\_

Special Storage Instructions: \_\_\_\_\_

### **Non-Prescription Medications:**

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)  Yes  No

Acetaminophen (Tylenol)  Yes  No

Allergies: Benadryl  Yes  No

Other non-prescription medications which may be administered: \_\_\_\_\_

## **MEDICATIONS TO BE ADMINISTERED BY PARTICIPANT**

My child may possess and self-administer the following prescription and/or non-prescription medication(s):

\_\_\_\_\_

**PARENT OR GUARDIAN MUST SIGN HERE:** I affirm that my child understands and agrees that he/she will use all medications only according to dosage instructions and he/she will not share or provide any medication to any other person, and that violation of this rule may result in disciplinary action, up to and including dismissal from camp.

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

\_\_\_\_\_  
Date

**PERTINENT MEDICAL INFORMATION**  
**AND**  
**CONSENT TO TREAT PARTICIPANT**  
**(TO BE COMPLETED BY PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE)**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Camp(s): \_\_\_\_\_

Has participant ever been diagnosed with, or have you ever been told that he/she has, sickle cell trait? (Please check appropriate box):  
 Yes  No

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

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

Current Medications: (if your child is on any prescription or non-prescription medication that he/she will need to have administered by Camp personnel or if he/she will be self-administering any medication during Camp, you must complete and return the PERMISSION TO DISPENSE MEDICATIONS form)

Date of last tetanus booster: \_\_\_\_\_

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 the Participant due to illness, accident, or emergency while participating in the Camp. I hereby give permission to the physician selected by the Camp staff to hospitalize, secure proper medical treatment, and/or take whatever medical actions are deemed necessary in the judgment of Camp staff. I agree to assume sole responsibility for any and 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 participation at Camp. I certify that Participant is physically and psychologically fit to participate in the Camp, with or without reasonable accommodation. If the Participant requires a reasonable accommodation to participate in the Camp, I will contact the Camp Owner prior to the start of Camp to request and/or make arrangements for such accommodation.

**Camp Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Camp Participant Printed Name:** \_\_\_\_\_

**IF CAMP PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT(S) OR GUARDIAN(S) MUST ALSO SIGN:**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian Printed Name:** \_\_\_\_\_

\_\_\_\_\_  
Preferred Emergency Contact Phone Number