

University of Minnesota - Twin Cities Campus
Housing and Residential Life
Summer Youth Conferences and Sports Camps 2014

MEDICAL INFORMATION AND RELEASE OF LIABILITY

Event _____

Organization Conducting Event _____

Participant's Name _____
(print)

Address _____
(street) (city) (state, zip)

Contact person in case of emergency:

Name _____ Relation _____

Phone _____

Medical conditions and impairments of which the staff of the Organization and/or University of Minnesota should be aware:

(Insert "none" if none)

* * * * *

I understand and agree that some activities occurring as a part of or incidental to the Event may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment, including the use of medication that might inhibit my active participation in the Event named above.

In the case of an injury, illness or medical emergency, I authorize the staff or employees of Organization and/or the University of Minnesota to render first aid and/or obtain whatever medical treatment he/she deems necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment regardless of whether my medical insurance would cover such charges and fees.

I have read and understand agree to the terms and conditions of this release.

Print Name _____

Signature _____ Date _____
(If participant is under the age of 18, Parent/Legal Guardian's signature)

I am the parent or legal guardian of the minor _____ and am signing this release on behalf of the minor.
(Print child's name)