

I hereby request that you accept this application for the Jane Worthington clinic and allow my child, \_\_\_\_\_ to participate in the clinic during the dates set forth in this application and for which I have applied. I recognize that there are dangers, risks and possible injuries to Child which are inherent in and may result from participation in Camp activities. In consideration of your acceptance of this application and allowing Child to participate in the clinic, I hereby release Jane Worthington clinic, authorized clinic personnel, Eastern Kentucky University, including its regents and employees, from any liability, cost or damages should any injury or illness occur to my child while participating in the clinic or which may in any way arise from or relate to the Clinic, including serious injury or even death. I have instructed Child to obey all rules, regulations and instructions of the Clinic Sponsor, including all authorized Clinic personnel, in an effort to help minimize such risk. Child is in good physical health and fitness to allow him to participate in the Clinic. In the event of possible injury, I give permission for the administration of emergency medical care to Child I agree to be responsible for all costs which may be associated with medical care provided to child. Below is the applicable and accurate medical and insurance.

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE POLICY # \_\_\_\_\_

Any and all restrictions, medical conditions, allergies or medications applicable to child:

\_\_\_\_\_

I have fully read and agree to the terms of this Release and Authorization for Medical Treatment.

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

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

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

First Emergency Contact Name: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

*\*\*Open to any and all entrants, limited only by age and number of participants per session  
\*\*Camp is not owned or operated by Eastern Kentucky University*