

Medical Information & Release
 2018 Baylor University Summer Camp
 Minor or Adult Participant
 (Please complete form in Blue or Black ink)

Participant's Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

E-mail Address: _____ Date of Birth: _____
MONTH DAY YEAR

INSURANCE INFORMATION: (please attach a photocopy of your current Health Insurance Card)
 Insured Member's Name: _____ Member ID _____
 Health Insurance Provider: _____ Group ID _____
 Health Insurance Provider Phone Number (Include an international number if possible): _____

Personal Physician: _____
NAME PHONE

Address: _____
STREET CITY STATE ZIP

PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF EMERGENCY. PLEASE CONTACT:
 Emergency Contact: _____
NAME
 Address: _____
STREET CITY STATE ZIP
 Phone: _____
HOME CELL WORK

GENERAL HEALTH INFORMATION: (if necessary, attach additional copies of information which address participant health concerns.)

List any health information that would be relevant to an attending physician in the case of an emergency: _____

List any Chronic or Recurring Illnesses or Diseases: _____

List any Food, Medicine, or other Significant Allergies: _____

List any medications being taken at present: _____

Check this box if you acknowledge that the Participant's immunizations are current.

I or MY CHILD plan to attend a Baylor University Summer Camp, hereinafter referred to as "CAMP". I fully realize that injury or illness could result from or during MY or MY CHILD'S participation in the CAMP. In case of accident or illness, I give my permission to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

 ADULT PARTICIPANT'S SIGNATURE OR PARENT/LEGAL GUARDIAN'S SIGNATURE PRINTED NAME

FORM D

**2018 Event Services/Summer Camp
PARENT/LEGAL GUARDIAN RELEASE FOR MINOR PARTICIPANT**

MINOR (Under Age 18) PARTICIPANT'S NAME: _____ DATE OF BIRTH ____/____/____

CAMP NAME: _____

EMERGENCY

CONTACT: _____ PHONE _____

**BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING.*
GENERAL RELEASE AND INDEMNITY AGREEMENT**

I hereby represent that I am the parent or legal guardian of _____, "PARTICIPANT," who is under the age of 18. For and in consideration of Baylor University permitting PARTICIPANT to participate voluntarily in **BAYLOR UNIVERSITY EVENT SERVICES/SUMMER CAMP** to be held during **2018** in Waco, Texas, hereinafter referred to as "**EVENT SERVICES/SUMMER CAMP**," I hereby expressly assume all the risks (e.g. inherent with **EVENT SERVICES/SUMMER CAMP** outdoor and indoor activities) associated with the **EVENT SERVICES/SUMMER CAMP**, and I release Baylor University, its regents, officers, employees, students, and agents ("RELEASED PARTIES") from all claims, demands, suits, causes of action, or judgments which PARTICIPANT or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against **RELEASED PARTIES**, arising out of or in any way connected with the **EVENT SERVICES/SUMMER CAMP**, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the **ACTS, OMISSIONS OR NEGLIGENCE** of **RELEASED PARTIES**. I understand this waiver does not apply to injuries caused by Baylor University's intentional or grossly negligent conduct.

I further agree to indemnify and hold harmless **RELEASED PARTIES** from all claims, demands, suits, causes of action, or judgments which participant or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against **RELEASED PARTIES**, arising out of or in any way connected with the **EVENT SERVICES/SUMMER CAMP**, for all personal injuries, known, or unknown, property damages (including lost or stolen property), or claims for wrongful death, caused by the acts, omissions or negligence of **RELEASED PARTIES**, and on Baylor's behalf and in Baylor's name defend at my own expense any such claims, demands, suits, causes of action or judgments described above. I also agree to be responsible for any property damage or personal injuries that participant or I may cause by intentional or negligent acts while participating in the **EVENT SERVICES/SUMMER CAMP**.

PHOTO RELEASE

I hereby grant to Baylor University the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of university related photographs or videotaped images of PARTICIPANT for use in connection with the activities of the university or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the university's student newspaper, alumni magazine, publications on the university's Web site, and public relations/promotional materials. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos taken are without compensation to PARTICIPANT. All electronic or non-electronic negatives, positives, and prints are owned by the university.

I have read and executed this document with full knowledge of its legal significance.

BY: _____
PARENT/LEGAL GUARDIAN SIGNATURE (in INK) _____ DATE _____

Parent/Legal Guardian Name Printed _____

Minor Participant's Mailing Address:

Zip _____ Street Address _____ City/State _____

If you are a Baylor employee or a dependent of a Baylor employee, this release shall not be construed to deny any valid direct or first party insurance claims which you or PARTICIPANT may have relating to possible death or to any injuries you or PARTICIPANT may sustain while participating in the **EVENT**.

FORM E

**2018 EVENT SERVICES/SUMMER CAMP
ADULT PARTICIPANT OVER AGE 18 RELEASE**

Camp Name: _____ DATE OF CAMP _____

**By signing this document, you are waiving certain legal rights. Read Carefully before signing*
GENERAL RELEASE AND INDEMNIFICATION AGREEMENT**

For and in consideration of Baylor University permitting me, "PARTICIPANT", to participate voluntarily in a BAYLOR UNIVERSITY EVENT SERVICES/SUMMER CAMP to be held during 2018 on Baylor University campus in Waco, Texas, hereafter referred to as "EVENT SERVICES/SUMMER CAMP", I hereby expressly assume all the risks (e.g. inherent with EVENT SERVICES/SUMMER CAMP outdoor and indoor activities) associated with the EVENT SERVICES/SUMMER CAMP, and I release Baylor University, its regents, officers, employees, students, and agents ("RELEASED PARTIES") from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against Baylor University, its RELEASED PARTIES, arising out of or in any way connected with the EVENT SERVICES/SUMMER CAMP, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the ACTS, OMISSIONS, OR NEGLIGENCE of Baylor University, its RELEASED PARTIES. I understand this waiver does not apply to injuries caused by Baylor University's intentional or grossly negligent conduct.

I further agree to indemnify and hold harmless RELEASED PARTIES from all claims, demands, suits, causes of action, or judgments which participant or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against RELEASED PARTIES, arising out of or in any way connected with the EVENT SERVICES/SUMMER CAMP, for all personal injuries, known, or unknown, property damages (including lost or stolen property), or claims for wrongful death, caused by the acts, omissions or negligence of RELEASED PARTIES, and on Baylor's behalf and in Baylor's name defend at my own expense any such claims, demands, suits, causes of action or judgments described above. I also agree to be responsible for any property damage or personal injuries that participant or I may cause by intentional or negligent acts while participating in the EVENT SERVICES/SUMMER CAMP.

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I have read and executed this document with full knowledge of its legal significance.

I have read and executed this document with full knowledge of its legal significance.

By: _____ / / _____
PARTICIPANT (over 18 years of age)/ (in ink) DOB DATE

Participant's mailing address: _____
Street Address

City/State Zip

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