

BRING TO REGISTRATION ON THE FIRST DAY OF CAMP - DO NOT MAIL PRIOR TO CAMP

SPORT:	FIRST NAME:	LAST NAME:
CAMP DATE(S):	CAMPTEAM NAME (TEAM CAMPS ONLY):	

PARENT CONSENT, WAIVER AND RELEASE

In consideration of the Ohio State University Buckeye Sports Camp acceptance of (insert camper's name on blank line) as a participant in the sports camp for the period in the dates indicated above, and in return for the opportunity to participate in this camp:

It is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by the signature hereto. Buckeye Sports Camps will be financially responsible for and has insurance that will cover most injuries/accidents occurring during camp (subject to policy terms, conditions and limits) but only as secondary coverage after parent's/guardian's insurance has paid.

I hereby certify that the above named participant is physically able to participate in The Ohio State University Buckeye Sports Camp and that I know of no physical impairments which would in any manner limit his/her participation in such a program. I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed or directed by The Ohio State University to administer outpatient medical, surgical, or dental services as appropriate or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to other duly licensed medical personnel when necessary.

In consideration for honoring the participant's request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge The Ohio State University, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, and students from any claims that I might have myself or could bring on the participants' behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of the participant's participation in this activity. I also hereby agree to save, hold harmless, and indemnify The Ohio State University, its Board of Trustees, and/or its respective entities, administrators, faculty members, employees, agents, and students against any and all claims, including claims of negligence or failure to supervise, which the participant might bring against them as a result of his or her participation in the above activity. **I recognize that this Release means that I am giving up, among other things, rights to sue the University or its Board of Trustees, its respective entities, administrators, faculty members, employees, agents or students for injuries, damages or losses that my child may incur.**

MEDICAL INSURANCE INFORMATION:

COMPANY NAME:	PHONE#:	GROUP#:	ID#:
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MEDICAL HISTORY, IF PERTINENT (INCLUDING, BUT NOT LIMITED TO, INJURIES, SURGERIES, ALLERGIES) ¹ Write "NONE" if Not applicable:

MEDICATIONS ¹ Write "NONE" if Not applicable:

OTHER SPECIAL CONSIDERATIONS (E.G., DIETARY NEEDS) OR ACCOMMODATIONS ¹ Write "NONE" if Not applicable:

PARENT OR LEGAL GUARDIAN'S SIGNATURE:
DATE:

EMERGENCY CONTACT INFORMATION

PARENT/ GUARDIAN NAME:	
PHONE#:	
PARENT/ GUARDIAN NAME:	
PHONE#:	

¹ Please note: Our camp medical staff may request additional information (e.g., documentation from the camper's treating physician) to review prior the camper being permitted to participate in camp. If you have questions prior to camp, contact Makena Lynch, Asst. Director of Camps, at lynch.400@osu.edu.