

All-State Choir Camp Release

MEDICAL FORM

Medical Insurance Company Name: _____

Policy Number: _____

In case of emergency, if parents can NOT be reached, please contact:

Name: _____

Relationship: _____ Phone #: _____ - _____ - _____

Family Doctor: _____ Phone #: _____ - _____ - _____

Known Allergies/Drug reactions: _____

Asthma: _____ Diabetes: _____ Last Tetanus Shot Date: ____/____/____

List of Medications Currently Taking: _____

I, the undersigned parent or legal guardian, do hereby authorize the SNU All-State Choir Camp instructors to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he or she may deem necessary.

It is understood that, in any event, an attempt will be made to contact the parent before treatment is started. I, the undersigned parent or legal guardian, understand that Southern Nazarene University or its Camp does not provide medical insurance for my child and certify that my child is physically fit to attend the SNU All-State Choir Camp and participate in all camp activities, on or off the property.

Parent or Legal Guardian Signature

_____/_____/_____
Date

Southern Nazarene University

CHARACTER | CULTURE | CHRIST

PARENT/LEGAL GUARDIAN

I, _____ (Parent/Guardian printed name), the parent or legal guardian of _____ (Camper printed name), a minor, do hereby consent to him/her participating in the SNU All-State Choir Camp, and hereby agree that Southern Nazarene University, its officers, agents, volunteers and employees, shall be saved harmless from and indemnified against any loss of life or personal injury, including loss of life or injury, including cost of attorney's fees, incident to or resulting in any way from any injury to person or damage to property resulting from the All-State Choir Camp which might be a part to or incident to said camp or activity. I authorize the staff of Southern Nazarene University to act for me according to their best judgment in any emergency requiring immediate medical attention and hereby waive the release from the camp for any and/or all facilities or in transport of any impairment that would be affected by the named camper's participation in the camp program as outlined in these forms.

I, _____ (Initials) am aware that insurance is not provided by SNU or the SNU All-State Choir Camp. _____ (date)

CAMPER

I, _____ (Camper's printed name), having enrolled as a camper in the SNU All-State Choir Camp, agree to be attentive to, respect and follow the directions and rules of those in authority over me, during the camping experience. I am aware of potential dangers which could occur if I do NOT obey. I will not hold Southern Nazarene University, the staff, volunteers, or counselors responsible for any accidents or injuries caused by misconduct on my part. _____ (date)

PARENT/LEGAL GAURDIAN

I, _____ (Parent/Legal Guardian printed name), have explained the importance of following completely, the instructions given by counselors, staff, or other SNU authority, and adhering to the rules of this camp, to said camper. _____ (date)

My signature indicates that the above has been explained to me and I willingly place my child in the camp.

Parent/Legal Guardian Signature

Relationship to Camper

PHOTO RELEASE

I (We), the parent(s) or guardian(s) of _____ (Camper printed name) understand that as a participant in the SNU All-State Choir Camp, my child may be photographed or videotaped during camp activities. I also understand that these may be used in presentation and promotional materials for future camps. I release Southern Nazarene University from any and all liabilities.

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name

_____ Initial here if you do **NOT** want your child to be photographed or videotaped during the SNU All-State Choir Camp activities.