SPORT: _____ **CAMPER NAME:** _____
CAMP DATE(S) _____

PARENT CONSENT, WAIVER AND RELEASE
PLEASE RETURN BY MAIL OR BRING WITH YOU TO REGISTRATION

In consideration of the Ohio State University Buckeye Sports Camp acceptance of _____ as a student in the sports camp for the period in the dates mentioned 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 student and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said student and his 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, but only as secondary coverage after parent's/guardian's insurance has paid.

I hereby certify that the above named camper 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 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 duly licensed medical personnel when indicated.

In consideration for honoring my child'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 my child's 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 my child'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 my child 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.

_____ _____
Parent or Legal Guardian Signature Date

MEDICAL INFORMATION

Medical Insurance Company _____

Address _____ City_____State_____Zip_____

Phone _____ Group # _____ I.D.# _____

Medical History (if pertinent):

_____

Allergies, present medications, special considerations:

_____

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip: _____

EMERGENCY MEDICAL INFORMATION

_____ (_____) _____ (HOME)
NAME AC PHONE

_____ (_____) _____ (WORK)
NAME AC PHONE