

BELLARMINE UNIVERSITY

2011 Summer Youth Enrichment Program Risk and Consent Form

**Your child's enrollment is not complete until we receive this completed form!
Fax to 502.272.8203**

It must be received at least 5 days before your child's camp starts or your child will be ineligible to participate.

PLEASE PRINT

Student's name _____ Age _____ Gender _____ Grade completed _____

Course(s) student is planning to attend:

- | | | | |
|--------------------------|----------------------|-----------------------|-----------------------|
| *Algebra | *Detective Camp | *Movie Magic | *Study Smarter |
| *Art Meets Story | *Drama: Center Stage | *PSAT Prep | *Unbridled Creativity |
| *Building Virtual Worlds | *Duke TIP Prep Camp | *Reading | *Web Monkeys |
| *Cartooning | *Energy Wizards | *Rock Guitar | *Write On! |
| *Comedy Improv | *Geometry | *Short Story Showdown | |

Permission to use images in marketing materials:

____ I give Bellarmine University permission

____ I DO NOT give Bellarmine University permission

to use photographic images of my child that may be taken during his/her time on campus for future marketing materials.

Acknowledgment of Risk, Waiver of Liability, and Consent for Treatment:

I acknowledge that there are risks inherent in any children's program, including but not limited to injury or death arising from: participation in sports activities; children's failure to follow instructions of teachers and supervisors; communicable illness; and independent acts of third parties not under the control of teachers and supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the University staff. Further, I hereby fully and forever waive, release, acquit, holds harmless, and discharge Bellarmine University from any and all claims, demands, rights, losses, suits, actions and causes of action, obligations, damages, costs, or expenses of any nature relating to injury of any type suffered during or otherwise arising from any children's program. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is properly prepared for all activities and is in good health each day of the course(s). In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the 2011 Summer Youth Enrichment Program at Bellarmine University to secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. This acknowledgment applies to the course(s) indicated above and any additional courses of the 2011 Summer Youth Enrichment Program for which I may subsequently register my child.

Parent/Guardian SIGNATURE _____ Date: _____

PLEASE PRINT

Parent/Guardian name _____ Day phone _____ Cell phone _____

Parent/Guardian name _____ Day phone _____ Cell phone _____

Phone # for Emergency Contact (other than parent/guardian) _____

Health Insurance Co. & Policy # _____ Family Physician Phone # _____

For your child's comfort and safety, please indicate any special conditions we may need to know about on the back of this form (allergies, medical prescriptions, recent injuries or illnesses, etc).