BELLARMINE UNIVERSITY

2013 Summer Youth Camps
Mandatory Risk and Consent Form

Your child's enrollment is not complete until we receive this information!

Fax to **502.272.8203** * Scan and email to **continuingstudies@bellarmine.edu**

This form must be received at least 5 days before your child's camp starts
OR it will be assumed that you agree to image permission
AND your child has no special needs to be communicated to the instructor
OR your child will be ineligible to participate.

PLEASE PRINT

Student's name _____ Age _____ Gender _____ Grade completed_____

Please circle camp(s) student is planning to attend:

*Awesome Algebra
*Broadcasting Basics
*Building Imaginary Worlds
*Comics & Cartooning Fun
*Duke TIP Prep Camp
*Geometry
*Mastering Reading Skills
*Movie Magic
*Pixels to Paper
*PSAT/SAT Prep Camp
*Study Smarter
*Web Monkeys
*Write On!

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.
Should this section be left unchecked, the University may imply consent to use of images.

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 2013 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 2013 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 _____

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

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

_____For my child's comfort and safety, please consult the back of this form (allergies, medical prescriptions, recent injuries or illnesses, etc) for any special conditions I feel you need to know about.