

DAAPcamp waiver of liability

PAGE 1 OF 1



COLLEGE OF
DESIGN
ARCHITECTURE
ART
PLANNING

office of the dean
university of cincinnati
po box 210016
cincinnati ohio 45221-0016

513 556 1376 p
513 556 3288 f

daap.uc.edu

NOTES & INSTRUCTIONS

This form must be completed and returned by **June 01, 2014**. It can be submitted online or mailed to the address listed above.

All questions about the Design DAAPcamp should be directed to daapcamps@uc.edu or 513-556-2958.

I know that my child is participating in DAAPcamp. DAAPcamp can be physically challenging and there is a potential for bodily harm. My child is medically able and ready to participate. I agree that my child must abide by any decision of the camp counselors relative to his/her ability to complete a camp activity. I assume all risks associated with my child's participation. Having read this waiver, knowing these facts, and in consideration of my child's entry being accepted, I for myself and anyone acting on my behalf, waive and release the University of Cincinnati and its Board of Trustees, all camp staff and Campus Recreation staff, their representatives and successors from all claims or liabilities of any kind arising out of my child's participation in this camp.

parent/guardian signature _____ date _____

student name _____

In case of emergency, illness, or accident to the child, DAAPcamps is authorized to contact:

primary contact name _____ relationship _____

home phone _____ work phone _____

secondary contact name _____ relationship _____

home phone _____ work phone _____

List any health conditions that may need special consideration or attention (bee stings, allergies, epilepsy, diabetes, asthma, etc.) _____

Allergies to any medications or anesthesia? yes no
If yes, please indicate or list: _____

date of last tetanus shot _____ date of last physical exam _____

Are there any activities in which your child cannot participate? If so, please list them below.

Primary Physician Name _____ Phone Number _____

Do you have /hospital insurance? yes no

insurance company _____ policy/group number _____

subscriber name _____ relationship _____

In an emergency, I authorize the University of Cincinnati's DAAPcamp and Campus Recreation Center staff member to take _____ (child's name) to the hospital and authorize the hospital to administer emergency treatment. The University of Cincinnati is hereby authorised to incur any medical costs necessary to provide medical treatment for my child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

parent/guardian signature _____ date _____

parent insurance policy/group number _____