



Release of Liability Agreement

I, _____ (camper's name please print), am eighteen years of age or older and have voluntarily applied to participate in the camp program conducted by Champions Swim and Travel Experience. I understand that participation in this camp and related activities involves certain risks, and may result in unavoidable injuries. These injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my participation in the camp.

I further acknowledge that I agree to provide health insurance for myself and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that I may sustain during the camp and while traveling to and from the site for the camp.

I further acknowledge and authorize the staff of Champions Swim and Travel Experience to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, if I'm impaired, disabled, unconscious, or cannot make the necessary decision for any other reason. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed if I am unable to make the decision. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my participation in the camp, I agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, or coaches of Champions Swim and Travel Experience, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitation, attorney's fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that I may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Participant Signature

Date

Address: _____

Participant Home Phone: _____ Cell Phone: _____



Health Insurance Information

Private insurance information must be provided, if applicable. If a participant does not have private health insurance, please be advised that, should a participant require medical attention, **you are responsible for paying any costs not covered by insurance.**

Participant's Name: _____ Participant's SS Number: _____

Participant's Address: _____

Participant's Phone Number: _____ Date of Birth: _____

Insurance Company Name: _____ Effective Date: _____

Address of Insurance Company: _____

Policy Holder's Name: _____ Policy #: _____

Policy Holder's Address: _____ Group #: _____

Relationship to Participant: _____ Contact #: _____

Name of Primary Care Physician: _____ Contact #: _____

I hereby authorize the release of any medical information which might be needed in connection with payment for medical services.

Participant Signature

Date

I request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for fees not covered by this authorization.



Emergency Information Form

Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.

Participant's Name: _____ Phone: _____

Participant's Address: _____

Date of Birth: _____ Email: _____

Name of Primary Care Physician: _____ Contact #: _____

Emergency Contact Information

Person's to be contacted in case of an emergency:

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____



**PRE-ACTIVITY CLEARANCE EXAMINATION:
PHYSICIAN AUTHORIZATION**

Participant's Name: _____

Camp: **Champions Swim and Travel Experience** _____

Current Medications (if you will be self-administering any medications during camp – prescription or over-the-counter, you are required to fill out the “Addendum, Self-Administering of Medication” form which is enclosed): _____

Allergies: _____

I hereby certify that I have examined the above named patient and have found him/her fit to attend and participate in the camp. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments: _____

Date of Physical Examination (must have been completed December 1, 2015 or after): _____

Physician's Signature: _____

Address: _____

Phone: _____



ADDENDUM – SELF ADMINISTERING OF MEDICATION

For this participant to carry and self-administer medication during Champions Swim and Travel Experience camp, this form must be completed.

Participant's Name: _____

Name of Medication(s): _____

Reason for Taking: _____

I, the above named participant,

- Affirm and agree that I have been instructed in the proper use of the medication and am physically, mentally, and behaviorally capable of administering the medication on my own without camp staff supervision. I also affirm that I have an adequate supply of the medication for the duration of the camp, and have the ability to properly store and secure the medication.
- Affirm and agree that I will use the medication only as prescribed by a physician and/or according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp.
- Understand and agree that failure to abide by this agreement constitutes a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

Participant Signature

Date