

CAMP PARENTAL CONSENT, WAIVER AND INDEMNITY

I the undersigned hereby give permission for my minor child to participate in the California Baptist University _____ (sport) Camp (the "Camp"). I recognize and understand that the minor child will be participating in activities which may expose the minor child to some level of risk of injury and that the minor child will be participating at his/her own risk. I agree to and hereby do release and hold harmless California Baptist University and its trustees, agents, officers, servants, and employees against loss (including reasonable attorneys' fees) from any and all claims, or causes of action of any kind or nature that may be brought by or on behalf of the said minor child or by me arising out of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by the said minor or by me arising out of or in connection with the Camp. Furthermore, I agree to indemnify California Baptist University for any loss or damage to the premises, facility, or equipment caused by my minor child. Such indemnification shall include costs and expenses incurred by California Baptist University, including reasonable attorneys' fees. I also agree that the Camp may use images of my child for publicity and advertising purposes.

The below health history is true and correct to the best of my knowledge and the person herein described has permission to engage in all prescribed Camp activities. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the Camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named, below:

Camper's Printed Name _____

Parent's Printed Name _____

Parent's Signature _____

Date _____

Emergency Contacts:

1. _____ Phone () _____

2. _____ Phone () _____

HEALTH HISTORY (check all that apply):

Asthma _____
Migraines _____
Seizures _____
Diabetes _____
Heart Murmur _____

Allergies:

Bee/Insect Stings _____
Food _____
Penicillin _____
Other Drugs _____
Other: _____

Medications camper is currently taking (please be specific):
