Summer Camp Participant Waiver
Milligan University

I, the person noted below, understand that my child's participation in a Milligan University Summer Camp, including field trips and events, is at their own risk. I hereby expressly assume the risk of any physical injury or other loss that my child might sustain as the result of participating in this activity and/or as a result of any transportation related thereto. In that regard, I hereby covenant not to sue and agree to hold harmless Milligan University and all of the agents and/or employees of these entities from any and all liability for injury and/or loss that my child might sustain as a result of participating in any summer camp activity at Milligan University. I further agree to indemnify and hold harmless Milligan University and all of the agents and employees of these entities from any injury and/or loss that may occur to my child and/or others as a result of acts of negligence of my child while participating in summer camp activities at Milligan University. I understand that accident insurance, medical insurance, and other coverages are not provided to participants by Milligan University.

Unless I have set out in writing on the attached sheet entitled "Medical/Health Conditions" that my child has existing medical conditions or health problems that may have an impact on his/her ability to participate in any physical activities at Milligan University, I hereby acknowledge that my child is in good physical condition and suffers from no known medical conditions or health problems. I understand that if my child does have a known medical condition or health problem, that I will have to provide Milligan University with certification from his/her physician, satisfactory to the University, that my child is capable of participating in the physical activities without health risk to themselves or others participating in the activities before my child will be allowed to participate in the activities. I will notify the staff at Milligan University of any change in my child's condition.

I acknowledge that certain activities may pose a risk with persons who have existing medical conditions and such activities may compound a simple medical or health problem. I acknowledge that regular scheduled medical advice or examination, before heavy or extended physical fitness activities, is recommended. I understand the importance that my child is in good physical condition when he/she agrees to participate in the activity and understand that it is his/her responsibility to maintain an activity level that is compatible with his/her physical condition and skill level.

I agree to follow all current and future regulations of Milligan University, that all fees and other due charges must be paid in full before participation, and that no refunds are provided for my decision not to complete the program. Milligan University will, however, issue a credit for medical problems or illness which may prevent participation after registration for program(s) when accompanied by a medical doctor's statement.

Parent/Guardian Signature _____ Date _____

Parent Email _____ Parent Phone _____

Child First _____ MI _____ Last _____

Address _____

_____

Zip _____ City _____ State _____

Phone ( ) _____ Birth Date / /

Mobile ( ) _____ Sex M F

E-Mail _____ @ _____

Emergency Contact

Name _____ Day Phone ( ) _____

Relation _____ Mobile Phone ( ) _____

Email _____ _____

Complete and return to camps@milligan.edu or bring to Registration on first day of camp. Rev. 2-2022

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MEDICAL/HEALTH CONDITIONS

Participant Name_____

Physician's Name_____

☐ Allergies	☐ Convulsions/Seizures	☐ High Blood Pressure
☐ Diabetes	☐ Asthma	☐ Back Problems
☐ Heart Disease	☐ Respiratory Problems	☐ Dizzy Spells

☐ Special dietary needs _____

☐ Other _____

_____

☐ **NONE**

_____

Parent/Guardian Signature Date

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