



PLNU Camp/Clinic Athletic Medical Form & Parental Release and Insurance Information

Note: Please print legibly in INK or type. This form must be completed in FULL, including signatures of parent or legal guardian.

Prospects will NOT BE ALLOWED to participate without the completed medical and parental release/insurance form.

Name of Event \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Prospect's First & Last Name \_\_\_\_\_

Prospect's Date of Birth \_\_\_\_\_

SECTION I: Medical History

Is the above named ALLERGIC to any of the following? Medications - Insect bites - Foods - Other:

YES NO If YES, please explain: \_\_\_\_\_

Is the above named presently taking, or will be taking any medication during his/her participation in camp/clinic?

YES NO If YES, please explain: \_\_\_\_\_

Is the above named being treated for an injury or illness at this time?

YES NO If YES, please explain: \_\_\_\_\_

Circle all of the following Immunizations that ARE up to date:

MMR Diphtheria Tetanus Polio Pertussis-Whooping Cough

Does the above named have/had any of the following? Circle all that apply:

Rubella Measles Mumps Chicken Pox
Pneumonia Diabetes Epilepsy Heart Condition
Other \_\_\_\_\_

NOTE: If the above named individual has a history of serious illness and/or injury (i.e. heart murmur, surgery, epilepsy, etc.) a note from a licensed physician must accompany this form to insure that the individual may be cleared to participate in all activities.

I certify that the above named individual is physically fit and able to fully participate.

Printed Name of Parent or Guardian

Date

Signature of Parent or Guardian

**SECTION II: Parental Release & Insurance Information**

**Please be advised that it is imperative that your child be in good health prior to participating in the Point Loma Nazarene University (“PLNU”) Sports Camp Event listed above (“Sports Camp Event”). The duties of PLNU or its Affiliates and/or employees cannot include providing medical care for prospects with pre-existing condition.**

1. Insurance Company

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Policy Holder’s Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Emergency Contact (You must provide a number or someone that can be reached during camp or clinic hours, whether it is the parent, guardian, or designated emergency contact)

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Number: (\_\_\_\_\_) \_\_\_\_\_

Work Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Number: (\_\_\_\_\_) \_\_\_\_\_

I hereby give permission for my son/daughter to attend and participate in the Sports Camp Event and to stay at PLNU’s campus and facilities in connection therewith. I acknowledge that participating in the Sports Camp Event may involve the potential for injury. I also understand that any insurance carried by PLNU will not cover my child’s participation in the Sports Camp Event or any other activities while my child is on PLNU’s campus. I agree that my child will not participate or continue to participate in any of the activities associated with the Sports Camp Event if my child has or develops any physical or health limitations. I assume all risk and accept full responsibility and liability for any injuries or other damages that my child may incur as a result of my child’s participation in the Sports Camp Event or my child’s other activities or presence on PLNU’s campus or facilities, including without limitation the risks of death, bodily injury, emotional injury, property damage or other losses. I, for myself and my child, and our respective heirs, administrators, successors and assigns, hereby unconditionally and irrevocably release, waive and forever discharge PLNU and its affiliates, and their respective officers, employees, athletic coaches, trustees, students, faculty, insurers, representatives, agents, successors and assigns (collectively “Representatives”) from any and all claims, disputes, damages, losses, attorney’s fees and costs, rights of recovery, including without limitation all subrogation rights, and other liabilities, known or unknown, foreseen or unforeseen, accrued or unaccrued, that in any way arise out of or relate to (i) the structure or operation of the Sports Camp Event, (ii) my child’s participation in the Sports Camp Event and my child’s presence at PLNU’s campus and facilities, (iii) any injury, loss or damage to my child, my child’s property or the property of others, and/or (iv) PLNU’s or its Representatives’ use of any AV Materials (defined below) regarding my or my child’s name, image or likeness.

In addition, I hereby grant permission to PLNU and its Representatives to render preventive, first aid and/or emergency treatment that they deem necessary to my child’s health and well-being. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by PLNU or its Representatives to notify the designated emergency contact listed above in the most expeditious manner possible. If PLNU or its Representatives are unable to reach or communicate with me or our emergency contact, the treatment deemed necessary for my child’s health and well-being may be given by PLNU and its Representatives.

I certify, that to the best of my knowledge, the medical information provided above is complete and correct. I understand that if necessary, in the judgment of PLNU or its Representatives, to use outside medical, surgical, or dental treatment for my child’s health and well-being, that all such expenses shall be my sole responsibility, and not the responsibility

of PLNU or its Representatives. I further agree to accept and abide by any decisions made by PLNU or its Representatives with respect to the suspension or termination of my child's attendance or participation in the Sports Camp Event or other activities at PLNU's campus or facilities due to any unacceptable behavior of my child as determined by PLNU or its Representatives in their discretion. I also authorize PLNU and its Representatives to administer medications to my child (as prescribed by physician) as indicated on this form.

I hereby further grant permission to PLNU and its Representatives to photograph, videotape, record or otherwise capture the name, image or likeness of me and/or my child while we are at PLNU's campus or facilities and while my child is participating in the Sports Camp Event or other activities at PLNU's campus and facilities, and to publish and use such photography, videography, film, recordings and similar materials ("AV Materials") of my child and/or me on PLNU's website, in related promotional brochures, advertisements and other materials related to PLNU Athletics and/or its camps/clinics, and/or for any other lawful purposes. I hereby waive all rights of privacy and/or compensation for me and my child, which I, or my child may have in connection with the use or distribution of any AV Materials containing the name, image, likeness, voice or statements of me and/or my child. Additionally, I grant to PLNU and its Representatives a perpetual, worldwide, royalty free, fully paid up, irrevocable, exclusive, sub licensable and transferrable right and license to display, modify, broadcast, publicly perform, reproduce, prepare derivative works of, distribute and/or otherwise use in any way any AV Materials containing the name, image, likeness, voice or statements of me and/or my child, in any media now known or hereafter devised, in any manner, for any purposes and with such frequency any PLNU or its Representatives shall determine in their sole discretion, all without compensation to me or my child and without further consent or inspection by me or my child of the AV Materials or the finished work in which such AV Materials are included or the use to which they may be applied. I agree there is no time limit or geographical limitation on PLNU's or its Representatives' use of such AV Materials.

I also hereby indemnify, defend (by counsel reasonably acceptable to PLNU) and hold harmless PLNU and its Representatives, against all damages, claims, liabilities, losses and other expenses, including without limitation reasonable attorney's fees and costs, incurred by or asserted against PLNU or its Representatives, whether or not a lawsuit or other proceeding is filed ("Claims"), that in any way arise out of or relate to (a) my child's participation in the Sports Camp Event and/or my child's other activities while at PLNU's campus or facilities; (b) any personal injuries, death, property damages, losses or other damages that are caused or contributed to by my child when my child is at PLNU's campus or facilities; (c) any personal injuries, death, property damages, losses or other damages that are incurred or suffered by my child when my child is at PLNU's campus or facilities; and/or (d) the use of any AV Materials that include the name, image, likeness, voice or statements of my child or me. On behalf of myself and my child, I will not enter into any settlement of such Claims without PLNU's prior written consent. I agree that PLNU and its Representatives, at their expense, have the right to retain separate independent counsel to assist in defending any such Claims.

I further understand and agree that all waivers, releases, licenses, indemnities, grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable and shall survive the completion of the Sports Camp Event.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian