

Camper Name: \_\_\_\_\_ Camp(s)/Class(es): \_\_\_\_\_

## McHenry County College Kids and College—Summer Camp/Summer Academy Health Agreement and Liability Release

### Camper Information:

Name: \_\_\_\_\_ Gender: Male Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Entering Grade Fall 2018: \_\_\_\_\_ Email: \_\_\_\_\_

### Camper Emergency Contact Information (please fill in two emergency contacts):

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

#### Camper Medical History:

Does he/she have any allergies to medications, food, etc? YES NO

Please list: \_\_\_\_\_

Does he/she carry an Epi-pen for allergies? YES NO

Does he/she currently take any prescription medication? YES NO

Please list: \_\_\_\_\_

Does he/she have any chronic medical health concerns? YES NO

Please list: \_\_\_\_\_

Has his/her physical activity been restricted during past five years? YES NO

Please list: \_\_\_\_\_

Additional medical information we should know: \_\_\_\_\_

### Camper Insurance:

Health Care Provider: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

PCP Phone #: \_\_\_\_\_ Is your policy a: HMO or PPO

#### *Please complete waiver at the bottom of this form*

#### **Waiver, Release, Indemnify, Hold Harmless and Permission to Secure Treatment Agreement**

McHenry County College is committed to conducting its summer academic, enrichment and recreation programs in the safest manner possible and hold the safety of its participants in the highest possible regard. Parents/guardians registering their child/ward in Kids and College summer programs must recognize, however, that there is an inherent risk of injury when choosing to participate in summer programs. McHenry County College continually strives to reduce such risks and insist that all participants follow safety rules and instructions which have been designed to protect the participants' safety.

Parents/Guardians registering their child/ward for the MCC Kids and College summer camps should review their own health insurance policy for coverage. It must be noted that the absence of health insurance does not make McHenry County College nor the Kids and College program responsible for payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for McHenry County College REQUIRES the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Please read this form carefully and be aware that in registering your minor child/ward for participation in the McHenry County College's Kids and College summer programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of these programs. This form must be signed by the parent or guardian.

#### **Waiver and Release of ALL Claims**

As a participant in the McHenry County College Kids & Campus summer program, I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which my child/ward may sustain as a result of participating in any and all activities connected with or associated with such a camp.

I agree to waive and relinquish all claims my child/ward may have as a result of participating in the camps/classes against McHenry County College and its directors, officers, trustees, and employees.

I do hereby release and discharge McHenry County College, the Kids and College summer program, and their respective directors, officers, trustees, and employees from any claims from injuries, including death, damage or loss which my child(ward) may have accrue on account of participation.

I further agree to indemnify and hold harmless and defend McHenry County College, the Kids and College summer program, and their respective its directors, officers, trustees, and employees from any claims from injuries, including death, damages or losses sustained by my child/ward or arising out of, connected with, or in any way associated with the activities of the program.

#### **Permission to Secure Treatment**

In the event of an emergency, I authorize McHenry County College officials/or summer camp officials to secure treatment from any licensed hospital, physician, and/or medical personnel, and/or any treatment deemed necessary for my child's/ward's immediate care. I agree that I will be responsible for payment of any and all medical services required.

**I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment, and all information supplied by me is accurate and current to the best of my knowledge.**

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Camper (Parent/Guardian): \_\_\_\_\_