



Sculling Clinic

MEDICAL RELEASE AUTHORIZATION

You will not be able to participate without the submission of both the Health History and Medical Release Forms.

Dear parent/guardian: The medical consent and physical examination forms are necessary for the health and wellbeing of your child/ward. Failure to complete and deliver this form on or before the first day of camp will result in rejection of the camp application.

I. CONSENT TO EMERGENCY MEDICAL TREATMENT

- A. I hereby authorize and consent to emergency medical treatment for my child/ward while enrolled in the Louisville Sculling Clinic program. The Louisville Sculling Clinic has my permission, in an emergency when I cannot be contacted, to take my child/ward to the emergency ward of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well being of my child/ward.

Signature of parent/guardian: _____ Date: _____

- B. I hereby authorize and consent to non-emergency first-aid for my child/ward while enrolled as a participant in the Louisville Sculling Clinic, as deemed necessary by the staff of the Louisville Sculling Clinic.

Signature of parent/guardian: _____ Date: _____

II. Agreement to Participate

To assure that you and your child/ward understand and accept the risk of participation in the Louisville Sculling Clinic, you must sign both sections below. Failure to complete this section will result in rejection of the camp application.

- A. **Camper Agreement** (to be signed by the camp participants ages 10 and over)

I understand that some of the Louisville Sculling Clinic activities could cause injury to me. I am willing to assume the risk. I also understand that the best to make sure that I remain safe and avoid injury is to follow all instructions of the staff of the Louisville Sculling Clinic. I agree that I will learn and obey all rules and regulations and I will follow all instructions of the staff of the Louisville Sculling Clinic.

Signature of participant: _____ Date: _____

- B. **Camper Agreement** (to be signed by parent/guardian of all participants)

I agree to allow my child/ward to participate in the Louisville Sculling Clinic and affirm that my child/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child/ward will engage in at the Louisville Sculling Clinic, which may cause serious injury or even death. I even understand that, despite safety cautions, Louisville Sculling Clinic cannot guarantee that my child/ward will not be injured. My child/ward is willing to assume this risk. To minimize the risk, I have instructed my child/ward to obey all rules, regulations and instructions of the staff of the Louisville Sculling Clinic. I acknowledge that Louisville Sculling Clinic can only accept responsibility for its own negligence or intentionally wrongful acts in connection with my child's/ward's participation in the Louisville Sculling Clinic, and hereby release and hold harmless Louisville Sculling Clinic, University of Louisville Athletics, their employees, officers, administrators, agents, representatives, students, affiliates, successors, and assigns from all other claims, actions, cause of actions, suits, judgments, and demands. I acknowledge and I have read and understood this form and that the terms herein are contractual and not a mere recital.

Signature of parent/guardian: _____ Date: _____