

**EWU CAMP PROGRAMS – 2020**

**CONSENT, ASSUMPTION OF RISK, WAIVER, AND INDEMNITY AGREEMENT (for Adults)**

***This release form is required for participants in a camp that is sponsored by EWU or located on EWU property.***

\_\_\_\_\_  
**Camp Name**

\_\_\_\_\_  
**Camp Dates**

For and in consideration for the opportunity to participate in this program, Participant voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms, which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for my participation in the EWU Camp Program.
2. I acknowledge that my participation is voluntary. I also agree that for the purpose of this agreement, "camp" includes participation in the EWU Camp Program specified above, and any activities related to the camp program.
3. I understand and acknowledge that this camp includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, tripping, muscle or skeletal injuries, concussion, and/or bodily injury of any nature, whether severe or not, which may occur as a result of participating in an activity or contact with physical surroundings or other persons; and loss or damage of personal property while in transit or participating in the camp. I voluntarily choose to participate in this camp with full knowledge that the activities may be hazardous. **I voluntarily assume full responsibility for any risks of injury, loss, or property damage.**
4. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any property belonging to me, while participating in this camp. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to this program on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my participation in this camp.
5. I certify that I am in good health and have no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect my safety, or the safety of others, related to my participation in this camp. I further understand and acknowledge that:
  - a. I should consult with a medical professional to confirm my fitness for participation in this camp;
  - b. If I have a prescription for medications or am taking over the counter medications, I should confirm with my medical provider whether the medications will impact my participation in the camp; and
  - c. I should not participate in the camp while under the influence of any medication that may impact my ability to safely participate.
6. I understand that neither EWU, nor its employees/agents, serve as guardians or insurers of my safety. I understand that I must provide proof of health care coverage for myself in order to participate in EWU Camp Programs. I understand that, as part of the camp registration fee, EWU provides limited, catastrophic medical coverage for me and that such coverage is secondary to the health care coverage that I must provide. I agree that any and all expenses arising from an accident or injury to myself or my property, including but not limited to, emergency transport; emergency medical services; medical treatment; and damage or loss to property are my responsibility. I assert I have obtained and agree to use my personal medical insurance as primary medical coverage if an accident or injury occurs.
7. I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my ability to fully participate in this camp. In the event any medical attention is needed, I consent to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my health and safety. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval of a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my health and well-being, all at my expense.
8. Photograph/Recordings Release: I understand that photographs and/or video/audio recordings may be made during EWU Camp Programs. I grant full permission for EWU to use any photographs, recordings, or any other record of my participation in camp activities. I understand that all photographs and recordings are the property of EWU.
9. Transportation Release: I understand that, as part of the camp, I may be transported to different locations in Spokane County. I hereby give permission to be transported for camp activities by modes of transportation determined by camp personnel.

***By my signature below, I certify I am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in EWU Camp Programs.***

\_\_\_\_\_  
**Participant's Name (Please Print)**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

**EWU CAMP PROGRAMS – 2020**

**MEDICAL, HEALTH INSURANCE, AND CONTACT INFORMATION (for Adults)**

**NOTE: This page is required for adults who wish to participate in EWU Internal Camp Programs.**

**This page is not required for External Camps that are held on the EWU Campus.**

\_\_\_\_\_  
*Camp Name*

\_\_\_\_\_  
*Camp Dates*

**Camper Information (Please print)**

Name: (first, middle & last) \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Alternate Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Insurance Coverage Information**

Insurance Provider: \_\_\_\_\_ Policy / ID Number: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_  
Providers Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Health Information**

Please list any medical conditions you have that we need to be aware of, including any requiring maintenance medication (e.g. Diabetes, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should Paramedic be Called?</u>	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Are you presently being treated for any injury or sickness, or taking any form of medication that we need to be aware of?  
Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_

Are you allergic to any type of food or medication?  
Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_

Do you require a special diet?  
Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_

The purpose of this information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**I certify that the above information is complete and accurate:**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_