

Sport|s: _____

Commuter | Resident

FPU Athletics Camps Medical Clearance & Waiver Forms

FPU Athletics Camps | 1717 S. Chestnut Ave. | Fresno, CA 93702 | Attn: Admin. Assistant

CAMPER INFORMATION

Camper's Name: _____ Camper's Age & Date of Birth: _____ | _____

Camp|s Registered For: _____ Camp Date|s: _____

Camper Address: _____ City: _____ Zip: _____

Parent | Guardian **Name & Relationship**: _____

Best Phone Number|s: _____ Email: _____

Additional Emergency Contact | Relationship: _____

Best Phone Number|s: _____ Email: _____

T-S

XL or Adult: S M

Shirt Size (if applicable): {Youth: XS S M

L

XL} **School Attending:** _____ L

MEDICAL INFORMATION

1. Date of Last Tetanus Shot: Month _____ Year _____
2. Allergies: (Medicine, Food, Bee Sting, etc.) _____
3. Medical Conditions: (Asthma, Diabetes, etc.) _____
4. Care Instructions: (Inhaler, Epi-pen _____)
5. Injury History: (Recent Sprains, Fractures, Concussion, etc.) _____
6. Medications Currently Taking: _____
7. Medical Insurance Company: _____ Policy Number: _____
8. Policy Holder's Name: _____

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE

To minimize the risk of injury, I agree to instruct my son|daughter|legal dependent to obey all safety rules and to report any physical problems related to his|her physical condition to the FPU Athletic Camp staff as soon as the problem occurs. By signing below, I certify the following:

- A. My son|daughter|legal dependent is not currently under the care of a physician for an injury or illness that would prevent his|her safe participation at any FPU camp; and is not currently being treated for or recovering from an orthopedic injury or concussion that would prevent his|her safe participation at camp;
- B. My son|daughter|legal dependent has no problems related to strenuous exercise; and
- C. My son|daughter|legal dependent is in good health and there is no reason he|she cannot safely participate in strenuous physical activity.

AUTHORIZATION TO TREAT

I authorize the Directors of FPU Athletics Camps to act for me, per their best judgment, in an emergency requiring medical attention.

Parent | Legal Guardian Signature _____ Date _____

Medical Clearance & Waiver Forms Cont.

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Sunbird Athletic Camps (herein referred to as "activity"), which is sponsored by Fresno Pacific University, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, Fresno Pacific University, the Board of Trustees for Fresno Pacific University, and their members, officers, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITIES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES**. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any, and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES**.
3. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the State of California.
4. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at that medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including courts costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES**. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
5. VOLUNTARY SIGNATURE. In signing this agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.

Printed Camper Name: _____ Camp Registered For: _____

Parent | Legal Guardian Signature _____ Date _____