

**HOWARD PAYNE UNIVERSITY**  
**Participant Emergency Medical Information,**  
**Hold Harmless and Waiver of Liability Agreement**

This agreement is entered into between Howard Payne University, known as the "University" and \_\_\_\_\_, known as the event "Participant" and user of the University's facilities and/or premises.

The University continually strives to provide a safe environment for all campus visitors. However, while participating in any event, there is always of risk of injury to the Participant. The University does not carry insurance on the Participant. The Participant, or parental guardian, signing below agrees and understands that the University is not liable for any personal or bodily injury, death, property losses or expenses incurred by the Participant while participating in the event held on campus as listed below.

In exchange for being allowed to participate in the event held on campus and utilizing the University's facilities and/or premises during the event dates listed below, Participant understands and agrees to indemnify and hold harmless the University, its trustees, officers, faculty, employees, agents and/or any other designated representative of the University against any personal or bodily injury, death, property losses, or expenses that may be incurred by the Participant, including attorney's fees, by reason of the liability imposed by law upon the University, sustained by any person, persons, group or organization and/or on account of any damage of property arising out of or in consequence of this agreement during the event dates.

Participant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Camp Sport: \_\_\_\_\_

Camp Director: \_\_\_\_\_ Family Physician \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Group/Policy No.: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Event name: \_\_\_\_\_ Event dates: \_\_\_\_\_

Please indicate any special medical information we need to be aware of \_\_\_\_\_

\_\_\_\_\_

**By signing below, Participant (or parent) hereby agrees to the terms of this agreement and assumes full responsibility for all liability, injury, losses and claims relating to participation in the event held on campus and/or the corresponding usage of the University's facilities and premises.**

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

**Participant's signature, or parental consent**