



MEDICAL INFORMATION AND RELEASE FORM

PROGRAM INFORMATION

Program/Camp Name: _____

Date(s): _____ Time(s): _____

Location: _____

As a student, parent or guardian I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. This information will be kept in strict confidence and will only be shared with your permission. Wilkes University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you and your physician. If Participant has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

I understand that Wilkes University does not offer any form of insurance for participant while participating in Program.

PART 1. GENERAL INFORMATION

Participant Name _____ (hereafter "Participant")

Parent/Legal Guardian Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Gender: M _____ F _____

Please list two emergency contacts:

Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
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Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
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WAIVER AND RELEASE OF LIABILITY AGREEMENT

I, (Print Name) _____, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate in (ACTIVITY/PROGRAM) _____ at Wilkes University.

ASSUMPTION OF RISK: I am voluntarily participating in this Activity which has risks, hazards, and dangers, some of which are known and some of which are not, and am aware that participation in the Activity can result not only in personal injury and death, but also in loss or damage to personal property. I voluntarily accept all the risks, hazards, and dangers of the Activity even though some of the risks are unknown.

Being fully aware of and appreciating all the risks, hazards, and dangers of the Activity, some of which are known and some of which are not, I HEREBY WAIVE, RELEASE, AND DISCHARGE, in advance, Wilkes University, its successors or assigns, as well as its officers, directors, employees, and agents from any and all claims or causes of action for death, personal injury, and property damage which I may have or which may hereafter accrue to me as a result of my participation in the Activity, even though and notwithstanding that any personal injury, death, and loss or damage may arise out of the negligence or carelessness on the part of Wilkes University, its officers, directors, employees, and agents. I further agree to indemnify and hold harmless Wilkes University its officers, directors, employees, and agents for any loss or damage, including personal injury, death, or property damages, which I may cause and for which Wilkes University is held liable, including reasonable legal fees.

RELEASE AND WAIVER OF LIABILITY FOR NEGLIGENCE: In consideration of my participating in the Activity, I HEREBY WAIVE, RELEASE, AND DISCHARGE, in advance, Wilkes University, its successors or assigns, as well as its officers, directors, employees, and agents from any and all claims or causes of action for death, personal injury, and property damage which I may have or which may hereafter accrue to me as a result of my participation in the Activity, even though and notwithstanding that any personal injury, death, and loss or damage may arise out of the negligence or carelessness on the part of Wilkes University, its officers, directors, employees, and agents. I further agree to indemnify and hold harmless Wilkes University its officers, directors, employees, and agents for any loss or damage, including personal injury, death, or property damages, which I may cause and for which Wilkes University is held liable, including reasonable legal fees.

RULES AND REGULATIONS: I understand that my participation in the Activity is subject to Wilkes University's Rules and Regulations, which I agree to follow, and that my violation of them may cause my immediate removal from University property, without refund of fees or door charges. Wilkes University reserves the right to make additional Rules and Regulations and to amend or modify them at any time. I understand and agree to obey all Activity rules, including safety rules and University policies. I also understand and agree that I shall not have in my possession, use, or be under the influence of alcohol or drugs, including steroids, during the Activity.

The terms and conditions of this Waiver and Release of Liability Agreement shall be legally binding upon the undersigned participant, parents, guardians, and their heirs, respective estates, personal representatives, and assigns.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT IN ITS ENTIRETY.

Participant's Name (please print) _____

Signature (IN INK) _____ Date: _____

Please contact the following individual in case of an emergency:

Name _____ Relationship _____ Phone _____

IF PARTICIPANT IS A MINOR (UNDER 18 YEARS OF AGE):

INDEMNIFICATION: In consideration of my child or ward participating in the Activity, the undersigned agree to reimburse, indemnify, and hold harmless Wilkes University, its successors or assigns, as well as its officers, directors, employees, and agents from any and all claims or causes of action for death, personal injury, and property damage arising out of, resulting from, or related to the participant's engaging in or participating in the Activity.

Signature of Parents or Legal Guardians

Print Name of Parents or Legal Guardians



MEDIA, PHOTO & VIDEO RELEASE FORM

PROGRAM INFORMATION

Program/Camp Name: _____

Date(s): _____ Time(s): _____

Location: _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

In consideration for my child's participation in the above captioned event, I, the undersigned parent/guardian of the minor child indicated below, hereby grant to Wilkes University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents ("University") the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works will be used in connection with University business, the activities of the University, or for promoting, publicizing or explaining University activities or events.

Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.

I waive my right to inspect or approve any Works that may be created by the University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I also understand that neither I nor my child will receive compensation in connection with the use of my child's image.

I, on behalf of my child, furthermore release, indemnify and hold harmless University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my child may suffer, for which my child may be liable to any other person, or that may or does arise out of the use of the Materials.

This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample to read this document and I understand and agree to all of its terms and conditions. I acknowledge that I am signing this document freely and voluntarily. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Parent/Guardian Name (Print)

Signature

Minor Child's Name (Print)

Address

City

State

Zip

Home Phone Number

Cell Phone Number