Lock Haven Camps Waiver/Release Form

In the event there is no medical insurance, Lock Haven University Foundation requires that parents/guardians agree to incur the cost of medical expenses of their child. If there is no medical insurance, please complete the section below:

I, _____ agree to be financially responsible for all medical costs incurred by my child,

_____ at Lock Haven University Foundation Camps.

Parent/Guardian Signature: _____

A Note to Parents/Guardians Without Medical Insurance: You MUST sign where indicated if you carry no medical insurance on the camper. Those without a signature will be returned, and registration will be held until a signature is obtained.

Liability Release: I, the undersigned, individually and as a parent/guardian of the camper named on the front of this form, a minor, ask that he/she be admitted to participate in the sports camp sponsored by the Lock Haven University. I do hereby agree to release, discharge and hold harmless Lock Haven University, Lock Haven University Foundation, their owners, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and-or activities held in connection with the sport camp.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities.

I give full permission to the camp to medically treat my child. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the camp medical personnel to administer medication. I also give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature:_____
Date_____

Lock Haven University Photo Release Form

The undersigned agrees to give permission to Lock Haven University to use his/her photograph for the purpose of publicizing the University in either general University promotions, which could include the University Web site; publications which include the print admissions package, brochures, magazines, video, television, newspaper, newsletters, and/or publications that may act as fundraising ventures for University clubs/organizations. The photo will most likely not contain a caption identifying any individuals, although one may occasionally accompany the picture.

Participant Code of Conduct

It is expected that all participants in any University or non-University sponsored program, activity, or service will conduct themselves in a polite, respectful manner and will adhere to all University rules as follows.

A. The possession or use of alcohol and other drugs, fireworks, guns and weapons is prohibited. B. The use of skateboards is prohibited. C. No violence, including sexual abuse or harassment, will be tolerated. D. Hazing, bullying, and cyber bullying will not be tolerated.

E. All curfews, if applicable, will be followed. F. Misuse or damage of University property is prohibited. G. All minors will be accompanied by another minor at all times. This is the buddy system. H. Participants in an overnight program are not permitted to be housed in the same room with an adult unless the person is the minor's parent or legal guardian. I. Minor participants may only be housed with a participant of the same sex. J. No minor will be housed in a room alone. K. Smoking is prohibited in all University buildings. L. The inappropriate use of cameras, imaging, and digital devices is prohibited including use of such devices in showers, restrooms, or other areas where privacy is expected by participants. M. Profanity is prohibited. N. When crossing streets, only cross in the designated crosswalks. O. Only use the building designated by your program supervisor or staff. P. If you are hurt or injured, immediately report your injury to the program supervisor or staff.

_____ Printed Name of Participant
_____ Signature of Participant
_____ Date