

Session(s) # _____

Camper's Name _____

Summer Sport Camp Medical History Questionnaire

INSTRUCTIONS: Circle the appropriate answer. Please elaborate **yes** answers in the space provided.

- | | | |
|-----|----|--|
| yes | no | 1. Does your child have any type of allergies to food, medications, or insects? |
| yes | no | 2. Is your child currently being treated for diabetes or been told that she/he has diabetes? |
| yes | no | 3. Has your child ever been told that he/she has a heart murmur? |
| yes | no | 4. Has your child ever been treated for any heart or circulatory system problem? |
| yes | no | 5. Has your child been "knocked out" or experienced a concussion in the last year?
Please give dates and severity of condition. Is there a history of seizures of any kind? |
| yes | no | 6. Are there any long term effects from head injury? |
| yes | no | 7. Does your child wear contact lenses or glasses for athletic participation? |
| yes | no | 8. Has your child had any sprains, strains, fractures, etc. which required medical attention. |
| yes | no | 9. Has your child had any surgeries of any kind in the last year? |
| yes | no | 10. Has your child ever been told that he/she has a hernia? |
| yes | no | 11. Are there any other medical conditions or health problems which should be discussed? |
| yes | no | 12. Is your child currently on any type of medication which will need to be administered while in camp? Explain THOROUGHLY if answer is yes. |

Please explain "yes" answers also, is there any reason why your son/daughter cannot fully participate in camp?

- _____ I understand the above questions and have answered them completely and truthfully to the best of my ability.
- _____ I give permission for any necessary medical attention to be given to my son or daughter in the event that an injury or illness should occur while participating in a summer sports camp at Butler University. I understand that if my child suffers a serious injury which may require advanced medical care he/she may be transported to a local hospital for appropriate care.

Parent or Guardian signature _____

Father's Name (print) _____ Mother's Name (print) _____

Home Phone # _____ Home Phone # _____

Work Phone # _____ Work Phone # _____

Family Doctor _____ Office Phone # _____

Name and phone # of whom should be called in the event that you cannot be reached?



Permission to Use Photographs

I understand that during the course of the Camp a representative of CHBC, LLC, may photograph my child. I hereby authorize COACH G'S BASKETBALL CAMPS, LLC to use any photograph containing my child in promotional materials.

Signature of Parent/Guardian: _____ Date: _____

COACH G'S BASKETBALL CAMPS, LLC RELEASE AND WAIVER OF LIABILITY

(To be completed/signed by parent/guardian of minor participants prior to participation)

I am permitting my minor child to participate in the Butler Basketball Camp run by COACH G'S BASKETBALL CAMPS, LLC (“Camp”). I hereby acknowledge that participation in the Camp will involve physical and recreational activities and that these activities may involve risks including, but not limited to, the following:

- Physical exertion, such as running, swimming, and making quick movements.
- Environmental hazards, such as uneven, rough terrain; hot, exposed climate; unpredictable weather; unpredictable contact with plants, insects and other naturally occurring phenomenon.
- Risks inherent to participation in sports and other recreational activities, such as being hit or struck by equipment or rough, physical contact with other participants.

I realize that it is not possible to list specifically each and every risk. However, knowing the material risks and appreciating knowing and reasonably anticipating that injuries, illness, paralysis and even death are possible, on behalf of my minor child, I hereby expressly assume all such risks that could occur by reason of his/her participation in any activities and the use of facilities and equipment related to the Camp.

I agree that, in exchange for and in consideration of COACH G'S BASKETBALL CAMPS, LLC permitting my minor child to participate in the Camp, I hereby agree to forever release COACH G'S BASKETBALL CAMPS, LLC, Butler University, their trustees, officers, agents and employees, from any cause of action, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence or any other form of action for which a release may be legally given (including attorneys’ fees and costs) which may arise by or in connection with my minor child’s participation in any activities related to the Camp.

I further covenant not to sue and agree to hold harmless and indemnify COACH G'S BASKETBALL CAMPS, LLC, Butler University, their trustees, officers, agents and employees from any and all liability, causes of action, claims, demands, losses or costs of any kind and nature whatsoever (including attorneys’ fees) arising out of or in anyway relating to my minor child’s participation in any activities or his/her use of the facilities or equipment related to the Camp.

I understand that while participating in the Camp, my minor child must follow the instructions and directions provided by University personnel and that he/she must abide by the policies of COACH G'S BASKETBALL CAMPS, LLC. Failure to follow instructions or directions may result in my minor child’s immediate expulsion from the Camp.

I hereby certify that I am voluntarily signing this release, and intend to be legally bound by the terms of this document. I have carefully read all of its provisions, and fully understand its significance.

I hereby grant COACH G'S BASKETBALL CAMPS, LLC permission to publish and release information about the above-named minor, including his/her photograph, video, and/or audio, to the news media (including his/her hometown newspaper).

Print Name of Minor Child: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Our athletic accident policy which provides insurance for your son or daughter for injury sustained while participating in the play or practice of this sport is "Excess" or "Secondary" coverage. This simply means that it pays benefits only after taking into consideration those amounts payable under any other group plan. We, as the University, do not have the option of waiving this provision.

PLEASE PROVIDE THE INFORMATION REQUESTED BELOW

NAME OF GROUP POLICYHOLDER _____

GROUP/IDENTIFICATION NUMBER(S) _____

NAME OF INSURANCE COMPANY _____

MAILING ADDRESS _____

I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an athletic injury is sustained by _____; and I hereby authorize payment of benefits to the provider of services. My son/daughter is not covered under my group insurance.

BUTLER UNIVERSITY HEALTH AND RECREATION CENTER
RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY

Print Participant Name and Age

Parent Signature

Date

READ! YOUR LEGAL RIGHTS ARE AFFECTED!

In consideration of Butler University ("University") allowing me access to and use of its Health and Recreation Center, including, but not limited to, its fitness, swimming and shower/locker facilities and all of the facilities and equipment contained therein (collectively referred to hereinafter as the "HRC"), I, the undersigned, for myself and my heirs, next of kin, assigns, and personal representatives, do hereby agree to the following conditions:

I understand and acknowledge that access to and/or use of the HRC is potentially hazardous and involves risks, inherent and otherwise, that cannot be eliminated and which may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. I understand that negligence of the University and other risks associated with my access to and/or use of the HRC may cause injury, illness, paralysis, or death to myself, other persons, and/or damage to or loss of property. Some of the risks associated with my access to and/or use of the HRC include, but are not limited to, equipment failure, known or unknown medical conditions, improper use of equipment, acts of others, and latent or patent defects or dangerous conditions in the HRC. I accept full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to my access to and/or use of the HRC, and acknowledge that I am voluntarily entering and using the HRC even with knowledge of these risks.

Acknowledging that such risks exists, I hereby **RELEASE AND DISCHARGE** the University, its affiliates, and their respective officers, representatives, managers, members, directors, owners, agents, contractors, employees, and each of them and/or anyone associated in any way with my access to or use of the HRC (the "University Group"), from any and all claims, damages, losses, actions, suits, proceedings, expenses, attorney fees, costs, and liability that I, anyone on my behalf, my heirs, next of kin, assigns or personal representatives might have for or relating to any injury to my person or property suffered or claimed to have been suffered by me which arises out of or is related in any manner to my access to or use of the HRC, including, but not limited to, any claim that the act or omission complained of was **caused in whole or in part by the strict liability or negligence in any form of the University Group.**

I further agree to **INDEMNIFY, HOLD HARMLESS, AND DEFEND** the University Group in any action or proceeding from and against all alleged liability, claims, causes of action, damages, losses, suits, proceedings, expenses, attorney fees and costs arising out of or related in any manner to my access to or use of the HRC, or for my failure to comply with the terms of this Release of Liability and Agreement to Indemnify. This agreement to indemnify, hold harmless and defend applies even if the act or omission complained of was allegedly **caused in whole or in part by the strict liability or negligence in any form of the University Group.**

This document is governed by the laws of the State of Indiana, and any cause of action relating to the interpretation or enforcement of this document is subject to the exclusive jurisdiction of a court in Marion County, Indiana. If one or more portions of this document are found to be unenforceable, the remainder of the document will remain enforceable.

I have read and fully understand this Release of Liability and Agreement to Indemnify and agree to be bound by its terms. I understand that by signing this document I am waiving certain legal rights, including the right to sue the University Group. I sign this document freely and willingly.