



Assumption of Risk & Release of Liability Form

I, [print name] _____, hereby give my consent and agree to take part in _____ (name the event) on _____ (date). In consideration of my participation, I understand that I am fully responsible for any injuries I may incur during this event.

I confirm my participant (for him/herself, his/her parent or legal guardian, his/her heirs, representatives, executors, administrators, successor or assigns) hereby waives, releases, fully discharges and hold harmless the University of Rhode Island, its governing board, the Rhode Island Board of Education, the State of Rhode Island and their officers, directors, board members, employees, agents, and assignee for any and all liability and claims, or demands and/or cause of action, that he/she has or may have for any costs, expenses, or damages, including reasonable attorneys' fees, arising from property damages or personal bodily injury, including death, relating to or arising from my participation in, use of, or operation of equipment related to the Activities or may in the future have, whether known or unknown, arising out of the named event.

I may or may not have had previous participation experience in the Activity. I understand and acknowledge that such participation could result in loss of or damage to my or another person's property, serious injury to my body, including mental or emotional injury or trauma and/or death. I verify that I have no physical or emotional conditions that may prevent me from fully participating in the event.

I understand and agree the University of Rhode Island and its recreational subsidiaries cannot be expected to control all possible risks but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my attendance with the understanding that the cost of any such treatment will be my responsibility. The university does not carry medical or accidental insurance for the activities mentioned. As such, participants should review their personal insurance portfolio.

I HAVE READ THE WAIVER, RELEASE AND ASSUMPTION OF RISK FORM IN ITS ENTIRETY AND UNDERSTAND THE TERMS AND LEGAL SIGNIFICANCE. This waiver is freely and voluntarily given with the understanding that right to legal recourse is knowingly given up in return for allowing my participation in the event.

By signing below, I agree that I have read and understand the above information.

Signature: _____ Date: _____

Legal Guardian (Please Print): _____
(If under 18 years old, Legal Guardian signature required)

Emergency Contact: _____ Phone: _____



AUTHORIZATION PERMISSION/RELEASE FORM

Participant/Camper Name (please print): _____

Parent/Legal Guardian Authorization/Permission/Release:

1. **Camper Participation:** In consideration for my child's participation in the camp, I hereby acknowledge that he/she is in good physical and mental health and that unless we have notified the University in writing that the minor child is unable to participate in an activity due to some physical or mental consideration, the child will be allowed to participate in all aspects of the Camp.
2. **Photograph/Video/CD's Release:** I hereby permit the University of Rhode Island to publish photographs, videotapes and/or CD's and other media for the purpose of promoting programs, which include the above named child. I hereby release all right, title, and interest I may have in said photograph/video/CDs.
3. **Behavior Management:** The Camp has three basic rules that are easy to understand and follow: *be safe, be kind, and participate*. We want to foster responsibility, respect and accountability at Camp so our approach to discipline will reflect this goal. Any discipline will be: constructive in nature; using limits that are fair, consistently applied and understandable for your child's level; given in positively worded directions; redirecting your child to acceptable behavior; helping your child to constructively express his/her feelings and frustrations to resolve conflict. The Camp Director will communicate with the parent/legal guardian if deemed necessary. If a camper continuously displays inappropriate behavior or engages in dangerous activities, the University of Rhode Island's authorized personnel reserves the right to suspend any camper, at any time, without a refund.
4. **Transportation:** I hereby permit the camp authorized personnel permission to transport my child by bus and/or by any other type of transportation to and/or from any off-campus activities, and/or by foot to locations on the University where additional camp activities may be held, and/or in an event of a medical emergency.

I certify as the Parent/Legal Guardian of the above-named camper, I have reviewed all regulations listed above and understand all the terms and conditions of the above and hereby consent and grant my permission to each and all the foregoing.

Parent/Legal Guardian Signature: _____ Date: _____

PARENTS/LEGAL GUARDIAN - YOUR SIGNATURE INDICATES
AUTHORIZATION / PERMISSION REGARDING ALL TERMS &
CONDITIONS LISTED ABOVE.

THE
UNIVERSITY
OF RHODE ISLAND

DIVISION OF
ADMINISTRATION
AND FINANCE

THINK BIG  WE DO

RISK MANAGEMENT

210 Flagg Road, Suite 213, Kingston, RI 02881 USA p: 401.874.2591 f: 401.874.9101 web.uri.edu/businessservices/riskmanagement



EMERGENCY CONTACT INFORMATION

The information on this form is gathered to assist us in identifying appropriate care for your child. Any changes to this form should be provided to URI prior to the participant's arrival in Camp. Please complete the information including the insurance information below so URI's authorized personnel can be aware of your requirements. *Safety of your child(ren) is of the utmost importance.*

.....

Participant/Camper Name (please print): _____ Date: _____

DOB: _____ Current Age at Camp: _____

Home Address: _____

Custodial Parent/Legal Guardian Name (print): _____

Day time Phone: _____ Business Phone: _____

Home Address: _____

Business Address: _____

Second Parent/ Legal Guardian Name or Emergency Contact (print): _____

Home Address: _____

Day time Phone: _____ Business Phone: _____

Business Address: _____

Insurance Information

Name of Insurance Company: _____

Plan Name & Policy Number: _____

Primary Member Name: _____



HEALTH HISTORY FORMS

Participant/Camper Name (please print): _____

Name of Family Physician & Address: _____ Office Number: _____

Please indicate yes or no to the following questions:

YES

NO

- | | | |
|--|-------|-------|
| 1. Had a recent injury or infectious disease? | _____ | _____ |
| 2. Have frequent headaches? | _____ | _____ |
| 3. Ever been knocked unconscious? | _____ | _____ |
| 4. Wear glasses, contacts or protective eye wear? | _____ | _____ |
| 5. Ever had frequent ear infections or have ear tubes? | _____ | _____ |
| 6. Ever had seizures? | _____ | _____ |
| 7. Have an orthodontic appliance being brought to Camp? | _____ | _____ |
| 8. Have asthma or breathing disorders? | _____ | _____ |
| 9. Have an eating disorder? | _____ | _____ |
| 10. Does the participant have Epilepsy? | _____ | _____ |
| 11. Ever had emotional difficulties for which professional help was sought? | _____ | _____ |
| 12. Has the participant had a routine physical examination in the past twelve months? | _____ | _____ |
| 13. The participant is NOT current with all immunization shots? | _____ | _____ |
| 14. Please explain any "yes" answers, noting the question number: Attach additional paper if needed | | |
| 15. May Camp staff, apply sunscreen on your child? | | |
| 16. Use this space is to provide any additional information about the camper's behavioral, emotional, and/or mental health issues that URI's Camp authorized personnel should be aware of: | | |

17. PHYSICAL ACTIVITY RESTRICTIONS (i.e., what cannot be done, what adaptations or limitations are necessary):

Any restrictions: _____ NO _____ YES - please explain:

Participant/Camper Name (please print): _____

ALLERGIES (if applicable)

___ YES this camper has allergies (if yes, please list): -OR- ___ NO this camper does not have

Medication Allergies (please list):

Describe reaction & management of the

Food Allergies (please list):

Describe reaction & management of the

Other Allergies Including Insect Stings, Hay Fever, Animal Dander, etc. (please list and describe reaction & management of the reaction):

If camper requires medication for allergic reactions, please bring two (2) doses and
Parents/Legal Guardian must present information to URI's authorized personnel at

MEDICATIONS (if applicable)

Please list ALL medications taken routinely (including over-the-counter or non-prescription drugs). Bring enough medication to last the entire week of Camp. Keep it in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, dosage, the campers name and the frequency times of administration. I will provide written, signed authorization from the physician(s) for each medication. Attach additional pages for more medications if needed.

___ YES: this camper takes medication as follows: -OR- ___ NO: this camper does not take medication(s)

Med #1: _____ Dosage: _____

Specific times taken each day: _____ Reason for taking: _____

Med #2: _____ Dosage: _____

Specific times taken each day: _____ Reason for taking: _____

***** Please keep all medications in a zip lock plastic bag that is labeled (print) with the campers full name & age.**

CONSENT TO SECURE MEDICAL TREATMENT

IMPORTANT - This information must be complete and submitted to URI for attendance to the camp.

Participant/Camper Name (please print): _____

Consent to Secure Medical Treatment Authorization: I hereby give permission to have my child treated by the URI's authorized personnel, to provide appropriate health care, to their ability and level of training, administer prescribed medications (if authorized by a physician) and to perform and seek first-aid medical treatment. In the event that my child's behavior is felt to be unsafe or unmanageable, or if an illness or injury should arise in which a doctor's diagnosis is required, I authorize the Camp Director to dismiss my child early, in which case I will assume responsibility for arranging transportation for my child from the Camp at the time specified by the Camp management staff. In the event of an emergency requiring medical attention beyond first aid, I hereby grant permission to a physician or hospital personnel designed by URI authorized personnel to attend to my child in the event that I cannot be reached through my emergency contact phone number(s).

I agree to the release of any records necessary for insurance purposes. I give permission to URI's management staff to arrange necessary transportation for my child for emergency situations. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp management to secure and administer treatment and if necessary, hospitalization for the person named above. **I also understand that any and all expenses incurred by a medical emergency will be covered by myself and/or my insurance carrier, and will not be covered by the University of Rhode Island, Rhode Island Department of Education, their Agents, Employees and/or the State of Rhode Island.**

I acknowledge that the Emergency Contact Information, the Consent to Secure Medical Treatment Authorization and all Health History Forms for the Camper is correctly filled out to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Name (print): _____

Relationship to Minor Child: _____

**PARENTS/LEGAL GUARDIAN - YOUR SIGNATURE INDICATES CONSENT TO PROVIDE
HEALTH CARE, ADMINISTER PRESCRIBED MEDICATIONS AND SEEK EMERGENCY
MEDICAL TREATMENT.**