

**WINGATE BASKETBALL CAMP
MEDICAL CONSENT AND TREATMENT RELEASE**

_____ following and sign below.
In the event of illness or injury, I understand that every attempt will be made to treat my child's injury with the help of the camp medical staff. In the event of an emergency, I hereby grant my consent for medical treatments by the attending physician or appropriate medical personnel selected by the Camp, to hospitalize, administer medication and/or injections, anesthesia, or surgery for, and to take any other medical actions on behalf of my child. I will be responsible for any medical, or other, charges connected with my (son's or daughter's) participation at camp and acknowledge that Camp will contact me at the numbers I provide below if necessary medical action is taken.

I do not want any type of medical treatment provided to my child.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

ALLERGIES, and MEDICAL HISTORY

Are there any allergies, if any, is the camp participant presently taking? Please give details. _____

Should the camp participant bring this medication to the camp? YES NO
Should the camp participant need assistance when taking medication? YES NO
If assistance? _____

Is the camp participant allergic to any drugs, bee stings, foods, etc.? YES NO
Specify: _____

Are there any physical restrictions placed upon this camp participant? YES NO
Specify: _____

I certify that the above information is true and correct.

Signature _____

The provision of my/my child's insurance policy information is strictly optional. This information is provided only for the purpose of providing this information to medical providers who may request/require it pursuant to the provisions of medical services to me/my child.

INSURANCE INFORMATION (optional)
Insurance Company Name _____
Insurance Policy # _____
Insurance Plan _____
Insurance Carrier Name _____ Camper Date of Birth: _____

CONTACT INFORMATION:
Name: _____

Work Phone #: _____

Pager #: _____

If the Camp Medicine is unable to contact the above mentioned person, whom should be contacted? _____

Cell Phone #: _____

WINGATE BASKETBALL CAMP

UNCONDITIONAL AND FULL GENERAL RELEASE AND COVENANT NOT TO SUE

PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU AND/OR YOUR CHILD MAY HAVE IF YOU AND/OR YOUR CHILD IS INJURED OR OTHERWISE DAMAGED PARTICIPATING IN THE CAMP.

In return for Wingate University allowing me/my child ("Participant") to participate in the Wingate University Basketball Team Camp and other good and valuable consideration, I agree, and state on behalf of myself, my heirs, assigns, executors and others, as follows:

1. I state and affirm that I am the Participant/Participant's Parent/ Guardian and I have read and sign this Agreement; and that I execute this release for full, adequate, and valuable consideration fully intending for myself, for the Participant (if I am signing on behalf of the Participant) and my/Participant's family, estate, heirs, administrators, personal representatives, or assigns, to be the same.

2. That I understand that I/Participant am/is participating in the Camp freely and voluntarily and that no consideration is required by Wingate University. I acknowledge that my/Participant's participation in the Camp is a privilege and that this privilege is a tangible benefit to me/Participant.

3. I/Participant am/is familiar with and will obey, any and all of the rules established by Wingate University.

4. I/Participant and I understand and appreciate the inherent risks and dangers of participating in the Camp that could result in property damage and/or personal injury, including aggravated personal injury, health conditions, including, but not limited to heart-related conditions, or death; and I agree to accept all risks whether present or future, known or unknown, arising from my/Participant's participation in this Camp.

5. That I/Participant and I WILL HOLD HARMLESS AND INDEMNIFY WINGATE UNIVERSITY, its officials, administrators, employees and all sponsors and individuals assisting in the Camp, from and against all liability and all claims of damages, demands, and actions whatsoever in any manner arising from my/Participant's participation in this Camp.

6. I agree to assume all risks and costs related with my/Participant's participation in the Camp.

7. That in the event that I/Participant am/is rendered unable to communicate due to an emergency while participating in the Camp, I hereby give permission to a Physician or other qualified Camp's personnel to hospitalize, secure proper treatment for, and to take whatever actions necessary to treat me/Participant.

8. That I have read and understand this "Unconditional and Full General Release and Covenant Not To Sue."

X _____
Signature of Parent or Guardian Date _____

NAME _____
Print Parent/Guardian Name

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____