



HEALTH AND PERMISSION FORM (page 1 of 2)

A Health and Permission Form must be completed for each participant attending the "All About Art" Camp. No participant will be allowed to participate in Valparaiso University programs or activities without a completed and signed form on file with the sponsoring department.

Please type or print

Participant's Name: _____ Birth Date: _____ Age: _____ Sex: _____ M _____ F
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Cell (_____) _____

Parent/Guardian: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Work Phone _____ Cell _____
E-mail: _____

Parent/Guardian: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Work Phone (_____) _____ Cell (_____) _____
E-mail: _____

If neither parent/guardian is available in an emergency notify:

Name: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Work Phone (_____) _____ Cell(_____) _____

Allergies: (insect stings, medications, hay fever, asthma, other. Please list severity of condition and treatment, (i.e. ice, prescription, over-the-counter medications).

Dietary Restrictions: (Please list food allergies, reaction to food, and any treatment used; also list any religious or vegetarian restriction or requirements).

Health Problems/Concerns:

Participant's Name: _____

Please list any serious or chronic medical conditions; or recent illness/surgery. Please give dates.

Parent/Guardian Medical Authorization and Release Statement (agreement, release, and assumption of risk)

The health history is correct so far as I know, and I hereby give permission for my child to participate in all program activities, including field trips and transportation to learning sites.

I desire to have my child participate in the above Program and I fully understand the dangers, hazards, and risks inherent in the Program, in the transportation to and from the Program, and in any independent activities they undertake in the Program.

I understand and agree that Valparaiso University will not have medical personnel available during the Program. I understand and agree that Valparaiso University is granted permission to authorize emergency medical treatment, if necessary, and that such action by Valparaiso University shall be subject to the terms of this agreement. I understand and agree that Valparaiso University assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

To the fullest extent allowed by law, I agree to waive, discharge claims, hold harmless, and release from liability The Lutheran University Association, Inc., d/b/a Valparaiso University, and their directors, employees, agents, students, and leaders from any and all liability on account of, or in any way resulting from injuries and damages, even if caused by negligence of its directors, employees, agents, students, and leaders, in any way connected with the "All About Art" Camp. I further agree to hold harmless, The Lutheran University Association, Inc., d/b/a Valparaiso University, and their directors, employees, agents, students, and leaders from any claims, damages, injuries or losses caused by my child's negligence while a participant in "All About Art" Camp. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators, and assigns.

I give permission to Valparaiso University (and All About Art camp) to use my child's image, likeness, or quotes in publications for the purpose of advertising.

Signature of Parent/Guardian _____

Date: _____