

Amherst College Women's Lacrosse Clinic Medical Form
BRING THIS FORM WITH YOU TO OUR CLINIC

[You will not be admitted to camp without this completed form.]

SPORT _____ CAMP LOCATION _____ CAMP DATES _____

Camper's Name _____ Sex _____ Age _____ Wt. _____ Ht _____

Address _____ City _____ St. _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ E-Mail _____

My Phone Number while named camper is at camp (if different from above) (____) _____

Person to contact in the event I cannot be reached _____

Phone number of emergency contact person (____) _____

HEALTH & GENERAL HISTORY

If the camper should be restricted from any activity please note: _____

Please identify any medical condition or medical history that would require special attention:

I hereby certify that the named camper is physically able to participate in the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Signed: _____ Date: _____

Please circle those illnesses or conditions which the camper has had: German Measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure.

IMMUNIZATIONS

(show dates)
Tetanus Toxoid _____
Polio Vaccine _____
Tuberculin Test _____
Measles _____
Rubella _____
Mumps _____

ALLERGIES

(yes/no)
Hay Fever _____
Asthma _____
Eczema _____
Insect Stings _____
Other _____

DRUG REACTIONS

(yes/no)
Sulpha _____
Penicillin _____
Antibiotics (type) _____
Aspirin _____
Other _____

Physician's Name: _____ Telephone (____) _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

I, the parent (guardian) of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I hereby waive and release the Staff, Camp Management and Sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further understand that US Sports Camps, Inc. retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.

Signed _____ Date: _____

AMHERST COLLEGE WOMEN'S LACROSSE CLINIC - Parent's and Participant's Voluntary Assumption of Risk, Release, Indemnification of All Claims and Covenant Not to Sue Amherst College

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you, participant and parent, give up your right to bring a court action to recover compensation or obtain any other remedy from Amherst College for any injury to yourself, your child, or your property or for your/your child's death however caused arising out of your/ your child's participation in the Amherst College Men's Basketball Elite Camp at Amherst or use of Amherst College facilities, now or at any time in the future.

The Trustees of Amherst College (herein called "Amherst" or "Amherst College") is a non-profit educational institution. References to Amherst College include Amherst College, and its trustees, employees, volunteer workers, students, participants, agents and invitees.

I, participant, (hereafter included in "WE") freely choose to participate in the Amherst College Men's Basketball Elite Camp at Amherst (referred to hereafter as the Program). I, parent, (hereafter included in "WE") freely choose to have my child participate in the Program. WE freely choose to use the Facilities of Amherst College in their present condition, or their condition at the time of use by the Program.

Acknowledgment of Risk

WE understand that Amherst College is only providing its facilities to the Amherst College Men's Basketball Elite Camp, and that Amherst College is not responsible for any activities of the Program, or any supplies, equipment, or instruction or anything else provided by the Program or its training program and that Amherst College does not control any aspect of the Program whatsoever, nor is Amherst College responsible for safety or any other aspect of the Program. WE further understand that participating in the Program is an acceptance of some risk of injury. WE understand that it is our responsibility to know what personal equipment is required and provide the proper personal equipment for participation in the Program, and to ensure that it is in good and suitable condition. WE agree to abide by all rules, regulations, and practices as established by the Program or posted by Amherst College or otherwise made known, and to minimize any risk of injury.

Despite precautions, accidents and injuries can and will occur. WE understand that participation in the Program is potentially dangerous and that I/my child may be injured and/or lose or damage personal property as a result of my/my child's participation in the Program. Therefore, **WE ASSUME ALL RISKS RELATED TO THE USE OF ANY AND ALL AMHERST COLLEGE FACILITIES**, including but not limited to: Personal injury of any nature including but not limited to head, joint, nerve or other trauma, broken bones, oral, dental, eye or other facial injury severe or not, temporary or permanent, including death; mental injury temporary or permanent that may occur as a result of my/my child's participating in the Program, contact with equipment, physical surroundings or other attendees; property loss or damage of any nature whether in the course of training, use or if left anywhere at Amherst College.

Release from Liability, Indemnification Agreement and Covenant Not to Sue

In consideration for use of the facilities at Amherst College, WE agree to release and on behalf of ourselves, our heirs, representatives, executors, administrators and assigns, **HEREBY DO RELEASE** Amherst College from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which WE or any of our heirs, representatives, executors, administrators and assigns may now have, or have in the future against Amherst College on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my/our participation in the Program and/or the use of any Amherst College facilities, howsoever the injury is caused, whether or not caused by the negligence of Amherst College.

In consideration for use of the facilities at Amherst College WE **COVENANT NOT TO SUE** and agree to **INDEMNIFY AND HOLD HARMLESS** Amherst College from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my/our participation in the Program and the use of Amherst College facilities.

WE hereby certify that WE have full knowledge of the nature and extent of the risks inherent in the Program and the use of Amherst College facilities, and that WE are voluntarily assuming all risks, whether known or unknown.

WE understand that WE will be solely responsible for any loss or damage, including death, which WE sustain or cause, whether in whole or in part, while participating in the Program and the use of Amherst College facilities, and that by this agreement WE are relieving Amherst College of any and all liability for such loss, damage or death.

WE further understand that the terms of this agreement are legally binding and WE certify that WE are signing this agreement after having carefully read and understood the same, each of our own free will.

This agreement shall be construed and enforced in accordance with the laws of the Commonwealth of Massachusetts, and WE consent to the jurisdiction of said state. WE expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the Commonwealth of Massachusetts, that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. **IN WITNESS WHEREOF**, this instrument is duly executed at _____, ___ (city, state), this day of _____, 20_____.

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

Participant Signature:

Name Printed: _____

Parent's (Guardian's) Signature:

Name Printed: _____

Date: _____ [day/month/year]

