

CAMPUS RECREATION YOUTH MEDICAL FORM AND WAIVER

Participant Name: _____

DOB: _____

Gender: _____

Please circle YES or NO to Each question listed below. A "Yes" answer does not necessarily disqualify participants from attending a camp/class. The information is simply to provide our staff with your child's medical history. This information will be confidential.

Respiratory Problems? Asthma?	YES NO	Allergic to any medications?	YES NO
If yes, do you carry an inhaler?	YES NO	If yes, list medications and symptoms at end of section	
Diabetes?	YES NO	Currently taking any medications?	YES NO
If yes, do you use insulin/how often?	YES NO	If yes, please list medication(s) below:	
Knee, hip, ankle, shoulder, arm, back injuries? If yes, circle body part and list date of injury.	YES NO	Medication/Dose amount/how often/Side Effects/restrictions:	_____
Neurological problems? Epilepsy?	YES NO	Swimming ability: ___ Non-Swimmer ___ Recreational ___ Competitive	
Migraines?	YES NO	If you answered yes to any question, please explain below.	
Cardiac Problems? If yes, specify at end of section	YES NO	Also, list any medical problems not covered above that may affect your child's participation in this camp/class.	
Date of last Tetanus inoculation: _____			
Food allergies? Dietary restrictions?	YES NO	Required for Safety Equipment	
Vegetarian, Vegan?	YES NO	Height: _____ Weight: _____ Shoe size: _____	
Allergic to insect bites or bee stings?	YES NO		
If yes, carry an epinephrine pen?	YES NO		

EMERGENCY CONTACTS: In the event a parent/guardian cannot be reached, please list two additional emergency contacts.

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____ Alt. Ph: _____	Phone: _____ Alt. Ph: _____

I, the parent/guardian of the child listed above, give permission for any adult employee of the Campus Recreation Department into whose care said minor child has been entrusted to seek emergency medical care for my child at a nearby hospital or medical facility, in the event of illness or injury, I, the parent/guardian, will assume all financial responsibility for such emergency medical treatment.

Parent/Guardian Printed Name

Signature

Date

UNIVERSITY OF CALIFORNIA, DAVIS: WAIVER, RELEASE AND INDEMNITY AGREEMENT

I understand that there are risks and dangers inherent in participating and/or receiving instruction in bowling, crafts, horseback riding, swimming, hiking, biking, kayaking and/or rafting in the summer recreation program sponsored by Campus Recreation (herein-after referred as "activity").

I also understand that to be allowed to participate and/or receive instruction in this activity, I must give up my rights to hold The Regents of the University of California liable for any injury or damage which I may suffer while participating and/or receiving instruction in this activity. Knowing this and in consideration of being permitted to participate and/or receive instruction in the activity, I hereby voluntarily release The Regents of the University of California from any and all liability resulting from or arising out of my participation and/or receipt of instruction in the activity.

I understand and agree that I am releasing not only the entity set forth in the paragraph above, but also the officers, agents and employees of those entities.

I understand and agree that this Agreement will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in the activity. This Release constitutes a complete release, discharge and waiver of any and all actions or causes of action against the Regents of University of California, its officers, agents or employees.

I understand and agree that this Agreement applies to personal injury, property damage, or wrongful death

which I may suffer, even if caused by the negligent acts or omissions of others.

I understand and agree that by signing this Agreement, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in this sport or activity.

I understand and agree that this Agreement will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children.

I understand and agree that by signing this Agreement, I am agreeing to release, indemnify and hold The Regents of the University of California and their officers, agents and employees harmless from any and all liability or costs, including attorneys' fees, associate with or arising from my participation and or receipt of instruction in the activity.

I understand and agree that if I am signing this Agreement on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in said sport or activity.

WARNING! THERE ARE OBVIOUS KNOWN DANGERS INHERENT IN RECREATIONAL ACTIVITIES. FOR EXAMPLE: FALLS, UNEXPECTED MOVEMENTS OF HORSES (EQUESTRIAN PROGRAM), NEAR DROWNING, PROPERTY DAMAGE, AND IN SOME CASES, DEATH.

Statement of Good Health: Participant, or their parent or guardian, represents that s/he is in good physical condition to engage in rigorous physical activity, including, but not limited to, conditioning exercises. If said physical condition changes, participant will voluntarily withdraw from the physical activity, exhibition, or class. Each participant is hereby advised to consult a physician prior to enrolling in a strenuous physical activity, exhibition, or class.

Parent/Guardian Release:

I am the parent or legal guardian of the minor, _____, and I am signing this document on behalf of the said minor.

Signature: _____

Print Name: _____

Date: ___/___/___

Media Release: I give the University of California permission to reproduce any image of my child as a participant in a Campus Recreation activity. I understand that his/her likeness may be reproduced in part or whole for the purpose of on-going program promotion. I release the Regents of the University of California of any obligation to compensate me, or any party acting on my behalf for the use of the above-mentioned media.

Signature _____