

Eastern Iowa Community College (EICC) Summer Camps

(To be completed by parent or guardian. Please print clearly.)

COMPLETED and SIGNED form must be submitted no later than the Friday before the first day of camp! This will allow us to adequately prepare for all campers and their needs. This form may also be downloaded online. Complete forms and mail to: EICC Continuing Education (Summer Camp), 306 W. River Drive in Davenport, IA 52801 or scan and email to ksallen@eicc.edu

Name of the Camp(s) Your Student is registering for: _____

PLEASE PRINT (use dark blue or black ink only)

Participant's Name: _____ Birthdate: _____
Last First (MM/DD/YYYY)

Address: _____ Phone: _____
(Street No., Apt No., City, ST, Zip)

Mother/Guardian Name: _____ Employer: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Father/Guardian Name: _____ Employer: _____

Home Phone: _____ Cell Phone: _____ Email: _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact in an Emergency:

Name: _____ Daytime Phone: _____

List any pertinent medical conditions or special requirements your child has that may affect camp activity:

List any pertinent medications your child is taking that may affect camp activity:

List any allergies your child may have to food, medications, environmental factors, animals, insects, etc.:

Does your child have any other dietary restrictions? Yes ____ No ____ If yes, please list:

Does your child have a disability that would need special accommodations: Yes ____ No ____ If yes, please explain:

(more on opposite page)

MEDICAL EMERGENCY PARENTAL PERMISSION

If an injury or other medical condition occurs or arises, I hereby give EICC staff or volunteers permission to provide routine health care and seek professional emergency medical services.

Signature of Parent/Guardian: _____ Date: _____

Eastern Iowa Community Colleges Release of Liability Form

I certify that the participant is physically fit and has not been advised not to participate in this activity by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude the participant’s participation in this activity or event.

In consideration of the application to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

- (A) **I WAIVE, RELEASE, AND DISCHARGE** from any and all liability, including, but not limited to, liability arising from the negligence, or fault of the entities or persons released, for the participant’s death, disability, personal injury, property damage, property theft, or actions of any kind related to participation in this activity or event;
- (B) **I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** Eastern Iowa Community College District, its directors, officers, employees, volunteers, representatives, agents, and insurers from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by negligence of release or otherwise; and
- (C) **BY THIS RELEASE**, I specifically waive, release, and discharge all released parties from liability to me, as parent and/or administrator or executor on behalf of the participant.

I acknowledge that this activity or event may carry with it the potential for serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of people including, but not limited to participants, volunteers, spectators, officials, event monitors, and/or producers of the event, and lack of hydration. The risks are not only inherent to the participants, but are also present for volunteers.

PHOTO RELEASE: I understand that at certain events and activities, camp participants may be **photographed**. I agree to allow my child’s photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be constructed broadly to provide release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, AND I FULLY UNDERSTAND THE CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant’s Name	Age	Signature (if under 18 years old, parent or guardian must sign	Date