Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants Only

I examined this individual on _____. BP_____ Wt _____ Ht_____
In my opinion, the above applicant ☐ is ☐ is not able to participate in an active camp program.
Restrictions/Recommendations:_____

_____

_____

Treatment to be continued at camp or medications to be administered at camp (name, dosage, frequency)

_____

_____

Additional information for health care staff at camp: _____

_____

_____

Signature of Licensed Medical Personnel:_____Date:_____

Printed:_____Title:_____

Address:_____Phone: (___) _____
Street *City* *State* *Zip Code*

Please give dates of immunizations for:
(Immunization records may be attached to this form)

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Ry
DTP				
TD (tetanus/diphtheria)				
Tetanus				
Polio				
MMR				
Or Measles				
Or Mumps				
Or Rubella				
Haemophilus influenzae				
Hepatitis B				
Varicella (chicken pox)				

Screening Record: For camp use only Date_____ Time_____

Meds received_____

Updates/additions to Health History_____

Current Health needs identified_____

Screened by_____

**LIABILITY WAIVER, ASSUMPTION OF THE RISK,
PHOTO & MEDIA RELEASE, AND
INDEMNIFICATION AGREEMENT**

In consideration for being allowed by NC State and its NC Cooperative Extension Service ("NC State") to participate and use the facilities, services, and/or programs of the _____ Camp (hereinafter "Camp") the undersigned custodial parent/guardian hereby agrees as follows:

I do hereby affirm and acknowledge that my child is participating in the Camp for his/her own personal benefit, and have been fully informed of the inherent and potential hazards and risks to them associated with participation in sports, recreational, outdoor activities and any physical exertion required therein. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that that no amount of care, caution, instruction or expertise can eliminate. These hazards and risks include, but are not limited to, loss or damage of personal property, mental or emotional distress, broken bones, strains, sprains, bruises, heart attacks, heat exhaustion, concussions, and other personal injuries, or even death, that could result from falling from heights, tripping due to uneven terrain, contact with other individuals, drowning, allergic reactions to foods, flora or insects, exposure to temperature extremes or inclement weather, sun hazards, equipment failure, hypothermia, and vehicle accidents while traveling to and from the activity site. I assume responsibility for all risks, known and unknown, involved to my child and their property in the aforementioned activities, and I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities.

I understand that the determination of my child's ability to participate in the Camp should be made by my child's physician if necessary. I understand that I need the approval of a physician if I am uncertain as to his/her physical fitness for the rigors of this Camp. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my child's condition before being allowed to participate in the Camp. In addition, I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for my child any information they may have concerning his/her medical condition and their professional contact with him/her for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for my child. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems my child may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I shall indemnify and hold harmless NC State, its trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney's fees, arising from or proximately caused by my child's participation in this Camp, including any travel. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

I have read the Camp's rules and regulations and hereby accept the regulations of the Camp described therein. I understand that the Camp has the authority to establish and enforce other regulations in addition to these.

I do hereby agree to allow my child to be photographed, audio or videotaped by NC State. I further agree that my child's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including posting on the Internet. I agree that the use herein may be without compensation to me or my child. I hereby waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with them now or in the future. I am expressly releasing NC State, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of my child's privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

☐ Check only if: I do not agree to photo/media use for any public release by NC State

I further agree that this agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina. The terms of this agreement are severable such that if one or more provisions are declared illegal, void or unenforceable, the remainder of the provisions shall continue to be valid, enforceable, and binding upon the parties.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Printed Name of Child: _____