



Medical Release Form

THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN AND PRESENTED AT CHECK IN

I, the undersigned parent or guardian, do hereby grant permission for my child to attend the DSU camp. In the event of an injury or illness, I hereby authorize the DSU Student Health Center to obtain medical treatment for my child. I release Delta State University and all its representatives from liability in the exercise of this authority.

SIGNED _____
Parent or Guardian

I understand treatment for minor first aide may be obtained at the Delta State Health Center without charge. I am to assume all charges for doctor fees, lab work and/or x-rays. So that we can provide your child with the best possible service, we request the completion of the Medical Form below.

HT _____ WT _____ AGE _____

Allergies to Medications: _____

If no known Allergies to medication, please write *NONE* in the space above.

Currently taking the following medications: _____

If currently not taking any medications, please write *NONE* in the space above.

CAMPER'S NAME _____

Home Telephone _____

Work/Cell Telephone _____

Home Address _____

Town, State & Zip Code _____

Insurance Company _____

Medical Insurance Policy Number _____

Notice **Please send any over the counter medications your child may need for common medical problems like menstrual cramps, allergy season, headaches, upset stomach or sleep problems. Please send Band-Aids, throat lozenges and cough drops if needed by your child.

**Assumption of Risk and Release Form General Participation in Student Activities
Delta State University**

This is a Release of Legal Rights – Read and Understand before Signing

Name of Student: _____

Program: Arts Camp sponsored by Delta State University's Bologna Performing Arts Center

I, _____, (Participant's name) will be participating in the Janice Wyatt Mississippi Summer Arts Institute ("the Program") offered through Delta State University's Bologna Performing Arts Center. I hereby agree as follows:

1) Risks

I understand that participation in the Program may from time to time involve risks. These include risks involved in traveling to and within, and returning from, one or more activities; different standards of design, safety and maintenance of buildings, public places and conveyances; and other matters, if any, which may be described in brochures and other written information concerning this Program which I have received and reviewed. I have made my own investigation and am willing to accept these risks.

2) Independent Activity

Although Delta State University ("University") is sponsoring this Program, I understand that I will be participating in activities during the Program, which contains an inherent risk, indemnities, and release Delta State University, its Officers, Directors, Agents, and Employees from any and all liability to personal injury arising from participation in the Program.

3) Health and Safety

I have no health-related reasons or problems that preclude or restrict my participation in this Program. If at any time it is necessary for the participant to receive outside or professional medical attention, I hereby give my consent to the Program staff to secure the services and arrange transportation if deemed necessary. If I require medical treatment or hospital care during the Program, the University is not responsible for the cost or quality of such treatment or care. I hereby authorize the University or a university official to procure all necessary medical assistance while I participate in the Program and to authorize any competent medical person to do all things reasonably necessary to treat any injury or illness that occurs during my participation in the Program. I agree to pay all expenses relating thereto and release the University from any liability or any actions.

I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements or inducements, oral or written, apart from the foregoing written statement have been made.

This Agreement shall be effective only during acceptance into the Program by Delta State University, and shall be governed by the laws of the state of Mississippi, which shall be the forum for any lawsuits filed under or incident to this Agreement or to the Program.

Date: _____ Participant's Name: _____

I **(a)** am the parent or legal guardian of the above participant; **(b)** have read the foregoing Assumption of Risk and Release Form (including such parts as may subject me to personal financial responsibility); **(c)** am and will be legally responsible for the obligations and acts of the participant as described in this Assumption of Risk and Release Form, and **(d)** agree for myself and for the participant to be bound by its terms.

Date: _____ Parent/Guardian's Signature: _____