

MEDICAL INFORMATION

List any medical conditions the camp staff should know about that may impede participation, including allergies, medications, etc.

_____ **Campers local Physician's Name**

_____ **Physicians Phone#**

_____ **Date**

PARENT CONSENT AND RELEASE OF ALL LIABILITY

This part of the application is to be completed and signed by a parent or legal guardian. Where parents are separated or divorced, this form must be signed by the parent with legal custody as established by a court. I hereby certify that the above applicant is in good physical health and to my knowledge has no medical or physical conditions that would prohibit him/her from participating in any of the activities. I have read all the information in this application and I understand that the camper's will be supervised by the camp staff and that if serious injury or illness occurs, medical and/or hospital care will be given. I further understand that in case of serious injury or illness an attempt will be made to notify the parent or legal guardian from the information furnished in this form. If it is impossible to reach the parent or legal guardian, I give my permission for treatment or surgery to be administered as recommended by the attending physician(s).

In consideration of voluntarily participating in the Rowan County Sheriffs Youth Leadership Summer Camp I/we acknowledge that I/we know and appreciate the risks and dangers involved in the above Youth Leadership Camp and are assuming all risks, both known and unknown, if injury, which may include serious and permanent bodily injury or death, and damage incident to his/her participation in said Camp. Further, I/we do hereby release and forever discharge Rowan County and the Rowan County Sheriffs Office, all volunteers (Collectively "the Releasees") together with the releasees' representatives, agents, officers, employees and officials, from claims, demands, actions and causes of actions of any sort for any injuries sustained by the applicant and from any damages to applicant and/or applicants property as a result of the camp activities which will include, but not limited to, basketball, whiffle-ball, golf frisbee, educational classes, swimming, bowling, and other recreational sporting activities. **To the fullest extent permitted by law, this release includes a release from any and all personal injury or property damage caused by negligence.**

Photo Release: I am aware that photographs or video may be taken of Youth Summer Camp participants during various events and activities. These pictures may be taken by Youth Leadership Camp staff members, professional photographers, news media, volunteers, or other people involved in the camp, including parents of other camp participants. I understand that no one is required to have his/her picture taken. I waive the right to see or approve any publications that contain photographs of me and/or my child(ren). I release the Releasees as identified above from responsibility for any harm of privacy that may occur or be produced by taking photographs or video of me and/or my child(ren).

I give the Rowan County Sheriff Office and its representatives permission to use photographs or video that includes me and/or my child(ren) in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters, both print and email, posters, brochures, ads, post cards, and web pages.

___ **Yes**, I agree that the Rowan County Sheriff Office may use photos and videos that include me and/or my child(ren).

___ **No**, I do not agree that the Rowan County Sheriff Office may use photos and videos that include me and/or my child(ren). I understand that the Rowan County Sheriff Office cannot control the picture and video taking by anyone other than Rowan County Sheriff Office staff members and representatives, and the above release applies to such pictures.

I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AND RELEASE FORM AND REQUEST THAT THE ABOVE APPLICANT BE PERMITTED TO ATTEND THE CAMP SUBJECT TO THE ABOVE TERMS AND CONDITIONS.

_____ Parent/Legal Guardian Printed Name

_____ Parent/Legal Guardian Contact phone No.

_____ (Alternate Phone No.)

Parent/legal Guardian Signature: _____