

WAIVER, MEDIA RELEASE, AND HEALTH RECORD

General Waiver

My child, _____, is not yet 18 years old and will participate in Southern Adventist University's ("University") Academic Summer Camp June 18-20, 2018, (the "Program"). Activities may include, but are not limited to: classroom projects, on-campus recreation, off-campus trips, and overnight lodging. This document ("Agreement") covers all aspects of my child's participation in the Program. In this Agreement, "University" means Southern Adventist University, its trustees, officers, employees, trainees, students, volunteers, and agents.

I understand that participation in the Program involves risks that the University cannot eliminate, including, among others, risk of personal property damage, illness, bodily injury, permanent disability, and death. I voluntarily assume all risks of my child's participating in the Program and release and discharge the University from all legal and financial responsibility for any harm that I, my child, or our property might suffer as a result of my child's participation.

If the University is held financially responsible to the undersigned for any such incident, injury or accident, I hereby agree to indemnify and hold the University harmless from any such responsibility, including costs, damages, and attorney's fees incurred by the University.

Notwithstanding the foregoing, nothing contained herein shall absolve the University from liability for injury arising out of the gross negligence or intentional misconduct of the University.

I attest that my child has adequate health insurance coverage during the period referenced above and will cover him/her without restrictions on location of where he/she is being treated.

I agree that I have read and understood this Agreement, I am competent to sign it, and I do so voluntarily and without relying on anything the University wrote or told me, except what is written above. I understand that I am free not to sign this Agreement and to find a different program for my child.

Before you sign this agreement, please read it carefully because it affects your legal rights.

Parent/Legal Guardian Name: _____ Today's Date: _____

Child's Name: _____ Child's DOB: _____

Media Release

I give permission for photographs and/or video of _____ (student's name) to be taken during camp activities. I further consent that any such images may be published and used by Southern Adventist University and its agents to illustrate and promote the camp experience. I further give permission for any creative work produced by the student to be published by Southern to illustrate and promote the camp experience.

I DO NOT give permission for photographs and/or video of my student or his/her work to be used.

Parent/Legal Guardian Name: _____ Today's Date: _____

Student Health Record

Southern Adventist University Health Center: (423) 236-2713

Child's Name: _____ Sex: Male Female
 Child's DOB _____ Age _____

Primary Care Provider _____ City/State _____ Phone _____

ALLERGIES: _____ No Known Drug Allergies
 Medications Environmental/Food

CURRENT MEDICATIONS: (including birth control) **Prescription Medication ONLY** (name and dose)

Non-Prescription Medications frequently taken (including vitamins and herbals) _____

- CONDITIONS:** Check the conditions your student has or had in the past.
- | | | | | |
|--------------------|-----------------|---------------------|-------------------|------------------------|
| AIDS/HIV | Cancer | Hernias | Pneumonia | Stomach problem/ulcer |
| Alcoholism | Chicken pox | High blood pressure | Polio | Thyroid problems |
| Allergies | Diabetes | High cholesterol | Positive TB test | Tonsillitis |
| Anemia | Drug problem | Kidney disease | Prostate problems | Tuberculosis (TB) |
| Appendicitis | Eating disorder | Liver disease | Psychiatric care | Vaginal infections |
| Arthritis | Eye disease | Measles | Rheumatic fever | Venereal disease (STD) |
| Asthma | Head injury | Mono | Seizure disorder | Any disability _____ |
| Back problems | Headaches | Mumps | Sickle cell | Other _____ |
| Bleeding disorders | Hearing problem | Nervous problem | Skin disease | |
| Breast lumps | Heart problem | Palpitations | Suicide attempt | |
| Bronchitis | Hepatitis | Pacemaker | Sunburn, severe | |

Please explain any items marked _____

List **HOSPITALIZATIONS/SEVERE INJURIES OR ILLNESS** with year of occurrence _____

FAMILY HISTORY: Place "X" by all relatives that apply. Include approximate age at diagnosis if known.

Type of Disorder	Mother	Father	Brother	Sister	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather

Does student use: Caffeinated beverages No Yes, amount/day _____
 Alcohol No Yes, amount/day _____
 Tobacco No Yes, amount/day _____
 Street drugs No Yes, amount/day _____

Is student on a special diet? (ex. vegan, vegetarian, gluten free) No Yes, explain _____

I, the parent or legal guardian of the above named student, do hereby affirm that the above information is accurate and complete. I authorize, in the case of illness or injury, any diagnostic or therapeutic examination, procedure, treatment, or transportation deemed advisable by and rendered under the supervision of the University Health Center practitioner, independent health care providers, selected by faculty, officers, or agents of Southern Adventist University or selected by the undersigned. I understand I am responsible for all charges incurred. I take financial responsibility for all non-covered services. I give authorization to release any and all necessary information for health insurance purposes.

Parent/Legal Guardian Name: _____ Today's Date: _____