

Release Authorization for Emergency Treatment  
Waiver of Liability, Assumption of Risk, Indemnification

In case of an emergency, I authorize the staff of Morehead State University to obtain whatever medical treatment as deemed necessary for the welfare of the minor child listed below. I understand that the resulting expenses will be my responsibility.

I hereby release, waive and discharge Morehead State University, its officers, employees and agents, from liability from any and all claims, including negligence, resulting in personal injury, accidents or illness, and property loss arising from participation in the Summer Camp program.

I understand that participation in a sports camp carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Protective equipment does not prevent all injuries to campers. I voluntarily and knowingly acknowledge, accept and assume these risks.

I agree to indemnify and hold harmless Morehead State University, its officers, employees and agents, from any and all claims arising out of any injury, whether the result of negligence or any other cause.

I understand that Morehead State University retains the right to use photographs taken at any sports camp for publicity and advertising purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Address of Parent or Legal Guardian

Emergency Contact Information

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address of Minor

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Person to Contact in Case of Emergency

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Telephone Number(s) of Contact Person

Describe any allergies (drug, food, insect bites, etc.) and any limitation in activity or physical disabilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_