STEPHEN F. AUSTIN STATE UNIVERSITY

Jack Camp MEDICAL RELEASE FORM

Please type or print and mail to: Jack Camp, P.O. Box 13021, Nacogdoches, TX 75962

NOTE: Please understand that students will not be allowed to attend Jack Camp unless this release form is completed prior to the beginning of camp.

Name: _____

Campus ID or Social Security Number: _____

Insurance Company: _____

Group and/or Policy Number: _____

Policy Holders Name: _____

Policy Holders Social: _____

Primary Care Physician: _____

Physician Contact Number: _____

Allergies: _____

Current Medications: _____

I understand and acknowledge that certain risks are inherent in the participation in Jack Camp and that the staff cannot control all of these risks. Risks may include, but are not limited to, auto/bus accidents, sporting accidents, water accidents and falls. I release and hold harmless, Stephen F. Austin State University, its employees, including the camp staff, from all liabilities, claims, suites and/or damages for injuries to any person or property due to my participation in the camp.

I hereby give my consent for any medical treatment that may be required during camp. I agree that if medical treatment is required beyond the capabilities of the camp staff and transport to the hospital is needed, the camp staff has permission to contact my emergency contact for information purposes. I also understand that Jack Camp carries additional camp insurance that does not cover any pre-existing illness or injury. It is the responsibility of the student or the parent/guardian to carry health insurance. Stephen F. Austin State University does not provide this type of insurance for students.

I also agree to abide by all of the rules and regulations set forth by Jack Camp and Stephen F. Austin State University.

I also understand that if I fail to arrive to Jack Camp for my session Jack Camp will notify my emergency contact.

Signed: _____

(student) (date)

Signed: _____

(legal guardian if under 18) (date)