

ACKNOWLEDGEMENT OF MY VOLUNTARY AND KNOWING ASSUMPTION OF THE RISK OF INJURY OR ILLNESS.

Medical Release. I, on my own behalf and on behalf of the Camper, acknowledge and agree that such participation subjects Camper to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and on behalf of the Camper, acknowledge that the Camper is in good health, physically fit and mentally capable of participating in Camp activities, and is covered by accident and health insurance, and I hereby give full approval for my child's participation in the Camp. In the event of such illness or injury, I authorize Clark Atlanta University to obtain necessary medical treatment of the Camper and hereby, on my own behalf and on behalf of the Camper, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Camper for any illness or injury that the Camper may sustain during the Camp and while traveling to and from the site for the Camp.

Camp Rules: I further acknowledge and understand that Clark Atlanta University has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Camper and I agree to abide during the Camp), and that Camper and I will be responsible for his/her/my failure to abide by those rules and regulations. Camper and I have received, read (if applicable) and understand the Camp rules. Camper and I understand that violation of the rules can result in dismissal from Camp.

Insurance and Medical Information: I represent that any medication to which Camper is allergic or medications that Camper is currently taking are listed below. I agree that Camper shall bring medications which Camper is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications. CLARK ATLANTA UNIVERSITY will not administer or supply any type of medication at camp.

Medications if any: _____

Allergies if any: _____

I acknowledge that the Camper suffers from the following conditions: _____

Doctor: _____ Phone Number: _____
(_____) _____

Camper Birth date: ____/____/____

Insurance Company: _____

Medical Insurance Policy/Group Number - REQUIRED: _____

Emergency Information: Name to contact: _____

Address: _____ City, State, Zip: _____

Cell Phone Number: (_____) _____

Daytime Telephone: (_____) _____ Evening Telephone: _____
(_____) _____

BY SIGNING BELOW, I, ON MY OWN BEHALF AND ON BEHALF OF THE CAMPER HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTOOD THE ABOVE BEFORE SIGNING AND AGREE TO COMPLY WITH THE ABOVE PROVISIONS. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT, IF ANY PORTION OF THE RELEASE IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of law principles.

Signature of Parent or Legal Guardian: _____

Date: _____

Relationship to Camper: _____

I, identified above as Camper, acknowledge that I have read and understand the Camp Rules and agree to abide them.

Signature of Camper: _____

Date: _____

Witness: _____

Media Release. For good and valuable consideration herein acknowledged as received, I on my own behalf and on behalf of the Camper, hereby grant to Releasees, and those acting with Releasees' authority and permission, the irrevocable and unrestricted right and permission to create, use, re-use, publish and re-publish video recordings, audio recordings, photographs, or other media that contain or capture the Camper's likeness or voice or in which the Camper's likeness or voice may be included (the "Recordings") in connection with any publication or materials relating to or serving the mission and goals of Releasees', including advertisements, brochures, or other promotional materials. The Recordings may be used with or without the Camper's name, and in any and all media now or hereafter known. I acknowledge and agree that Releasees' own all right, title, and interest in and to the Recordings, including all copyrights therein and the full and unrestricted right to edit and modify the Recordings, and I hereby assign and agree to assign any such interest that I may own or control to Releasees. I also consent to the use of any printed matter in conjunction with the Recordings. I hereby waive any right I may have to inspect or approve the Recordings or any finished product or products incorporating the Recordings and any written or other print material that may be used in connection therewith, including print material containing my name. I acknowledge that nothing in this Agreement obligates Releasees or any third party to make any use of the