

Ferris State University
Emergency/Medical Authorization & Waiver form for Minor Participants

Please review, complete, and sign each of the Forms/Waivers. Please either return to the respective director of the camp or bring with you to camp. Each parent or guardian must sign.

1. EMERGENCY AUTHORIZATION FORM

I/We _____ are the parents(s) (custodial parent) or guardian(s) of _____, a minor, who is participating in the _____ at Ferris State University. In the event I/We cannot be reached, I/We authorize the Director of the Camp or the acting person in charge of the Camp as well as medical staff at Birkam Health Center or Mecosta County Medical Center to make decisions regarding the emergency care or treatment of _____, **including seeking and approving medical treatment for non-emergencies.** This Emergency Authorization is valid from _____ to _____, the dates of the Camp.

Date Signature of Parent or Guardian Date Relationship to Participant

Date Signature of Parent or Guardian Date Relationship to Participant

2. WAIVER OF LIABILITY FORM

In Consideration of the use of certain Ferris State University facilities, the undersigned understands that, as the parent(s) or guardian(s) of the participant, he/she/they is/are assuming full risk of injury arising from the use of these facilities.

Any personal belongings that _____ brings with him/her to Ferris State University is at his/her risk and is not the responsibility of Ferris State University. Further, these items are NOT covered by Ferris State University insurance coverage.

I/We understand and agree that Ferris State University and the camp personnel will provide _____, my/our child or ward, with instructions on any limitation to his/her participation as disclosed by the medical history report form. Neither Ferris State University nor any of the camp personnel shall be responsible for any injury or damage except that caused by the sole negligence of Ferris State University or its personnel.

By signing below I/We expressly agree to be bound by the terms and conditions of this agreement.

Date Signature of Parent or Guardian Relationship to Participant

Date Signature of Parent or Guardian Relationship to Participant

4. WAIVER OF PUBLICITY FORM

I, the undersigned, give permission for the use of any photos, movies, and audio or video tapings of my child's activities in the Ferris State University Summer Camps. The material so obtained may be employed with Ferris approval for educational purposes, media coverage or for publicity benefiting education.

Date Signature of Parent or Guardian