



HPU

STUDENT MEDICAL RELEASE FORM

NAME: _____ **DOB:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HIGH SCHOOL YOU ARE ATTENDING CAMP WITH: _____

BAND DIRECTOR: _____

IN CASE OF EMERGENCY NOTIFY: _____ **TEL:** _____

PHYSICIAN: _____ **TEL:** _____

INSURANCE COMPANY: _____ **POLICY:** _____

Do you have any special health information that Howard Payne University should be aware of? yes no

If so please explain _____

MEDICAL HISTORY:

Immunizations

- Tetanus
- Polio Booster
- Measles Mumps

Other: _____

Health Conditions: (check all that apply and give brief explanation)

- Asthma _____
- Sinusitis _____
- Bronchitis _____
- Kidney trouble _____
- Diabetes _____
- Heart trouble _____
- Dizziness _____
- Stomach upset _____
- Hay fever _____
- Other _____

Medications (and dosing info): _____

ALLERGIES: Food: _____

Penicillin or other drug (name): _____

Insect sting/bites: _____

Poison, oak, ivy: _____

Previous operations or serious illness: _____



HPU

STUDENT MEDICAL RELEASE FORM

MEDICAL RELEASE AND RELEASE OF LIABILITY:

I, the undersigned parent or guardian of _____ (camper's name), hereinafter known as "Minor," do hereby give my permission for Minor to attend Howard Payne University Summer Camp, hereinafter known as "University."

In a medical emergency, I authorize _____ (Organization/Church name) and its adult sponsors to seek, provide, and/or sign for medical treatment as deemed necessary for Minor.

I agree to indemnify and hold harmless the University, its trustees, officers, faculty, employees, agents and/or representatives thereof, against any personal or bodily injury, death, property losses/damages, or expenses that may be incurred by Minor, including but not limited to, attorney's fees, by reason of the liability imposed by law upon the University, sustained by any person, persons, group or organization and/or on account of any damage of property arising out of or in consequence of this agreement during Minor's time at the University.

I assume all financial responsibility for all medical expenses, liability and losses relating to Minor's participation in Howard Payne University Summer Camp and/or the corresponding usage of the University's facilities and premises. I understand that my family insurance is primary and that no other insurance is provided for Minor.

Parent/Guardian signature _____ date _____

Print full name _____

Home phone _____ Work phone _____ Cell phone _____

Employer _____ Work address _____

Supervisor's name _____ Supervisor's phone _____

PHOTO RELEASE:

I also give the "Band Leadership Camp" permission to use the electronic image of the student under my legal guardianship in its web-site information and in its camp collage to be posted on the band camp's website. I agree to indemnify and hold harmless Howard Payne University and the "Band Leadership Camp", any of their trustees, officers, faculty, employees, agents, and/or representatives thereof, from any liability related to the use of the electronic images as described above.

Name of Parent/Guardian (signature)

Date

Name of Parent/Guardian (printed)

Name of applicable student(s) (printed)

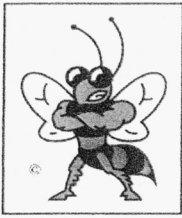
PLEASE ATTACH A COPY OF YOUR CHILD'S MEDICAL INSURANCE CARD

OR, indicate no coverage here:

"No Medical Insurance Coverage"

MAIL FORMS to:

HPU Band Leadership Camp
1000 Fisk
Brownwood, TX 76801



STUDENT SWIMMING AND TRANSPORTATION RELEASE FORM

I, as legal guardian of the participant named here, do understand and agree that I am assuming all risk of injury from participation of my student in swimming activities during the HPU Band Leadership Camp. I understand that the risk of injury does exist while swimming and using slides, diving boards, and other related items and that other unforeseeable injuries may occur from these activities. I hereby waive, release, and agree not to sue the Howard Payne University Band Camp, Howard Payne University, its affiliates or subsidiaries, and any of their officers, directors, employees, agents, students, successors, or assigns for any damage, injury, cost, or cause of action arising from any participation in these activities. I understand that swimming is a strenuous physical activity with some inherent dangers

I voluntarily sign this waiver, release and agreement not to sue with full knowledge of the nature and extent of the risks inherent in the swimming activities at camp. I further indemnify and save the Howard Payne University Band Camp, Howard Payne University, and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the participant's participation in this camp or other activities during his or her stay at summer camp. I also understand that transportation will be provided to and from the swimming facility during the swimming activity scheduled during camp. I also indemnify and save the Howard Payne University Band Camp, Howard Payne University, and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the participant's use of the transportation provided to and from the swimming party during camp. I further understand that the Howard Payne University Band Camp and Howard Payne University do not provide medical insurance coverage for the participant and any medical expense incurred will be paid by me or my insurance. I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed medical professional in the event of any injury, accident or illness or other situation that may require medical attention. I understand that the registration fee is nonrefundable and nontransferable. I further understand that any Campers that do not comply with camp rules may be dismissed without refund. Any non-cooperative or noncompliant campers will also be subject to dismissal.

Name of Parent/Guardian (signature)

Date

Name of Parent/Guardian (printed)

Name of applicable student(s) (printed)

MAIL FORMS to:
HPU Band Leadership Camp
1000 Fisk
Brownwood, TX 76801