

Cub Camp 2008

Assumption of Risk/Release of Liability

This form is due Wednesday, July 30, 2008

I, _____, understand and agree that Cub Camp, of which I plan to be a participant, involves certain risks and that regardless of the precautions taken by Cub Camp, some bodily injuries may occur.

Specific risks/hazards involved in Cub Camp include but are not limited to the following:

- 1) Accidents while traveling to and from camp.
- 2) Dehydration
- 3) Physical injury sustained while participating in camp activities or medical problems such as illness, allergies, etc.

Knowing this information, in consideration of my participation in Cub Camp, I expressly, knowingly, and voluntarily release Cub Camp, its representatives, officers, advisors, and agents; University of Arkansas – Fort Smith Student Activities Office, its officers, representatives, and employees; the University of Arkansas - Fort Smith, the University of Arkansas System, its officers, representatives, and employees; the State of Arkansas, its officers, representatives, and employees, from any and all claims and causes of action for property damage, personal injury, or death sustained by me arising out of any travel or activity conducted by or under the auspices of Cub Camp caused by risks associated by this activity and/or the negligence of the sponsoring group.

I voluntarily and knowingly agree to protect, hold harmless, and indemnify Cub Camp, its representatives, officers, advisors, and agents; University of Arkansas – Fort Smith Student Activities Office, its officers, representatives, and employees; the University of Arkansas - Fort Smith, the University of Arkansas System its officers, representatives, and employees; the State of Arkansas, its officers, representatives, and employees, against all claims, demands, or causes of actions for property damage, personal injury, or death including defense costs and attorney's fees arising out of participation in Cub Camp that may be sustained by me (or my child if co-signed by parent or legal guardian).

Accordingly, the above-mentioned group(s) shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I shall promptly take over and defend any such claim or action.

In addition, I understand and agree Cub Camp cannot be expected to control all of the risks articulated in this form but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. The university does not carry medical or accidental insurance for activities mentioned. As such, participants should review their insurance portfolio.

Medical Release Form

In the event of an emergency, contact _____ phone _____

Health Insurance company _____ policy # _____

Doctor's name _____ phone _____

Please list any special services you may require due to an existing medical condition or physical disability, or any physical condition limiting your activities.

List any allergies to drugs, food, insects, plants, etc.

List any medications you are taking and any dietary restrictions.

Do you have a history of:

Heart disease? _____ High blood pressure? _____ Diabetes? _____ Epilepsy? _____ Asthma? _____

Do you wear glasses? _____ Contacts? _____

I have read this document and do willingly signify my agreement for the consideration expressed and with a full understanding of its purpose by signing below. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. I also understand that the information on this form may be shared with the Cub Camp Advisors, Director Staff, and the Cub Camp Co-Chairs.

PARTICIPANT SIGNATURE _____ DATE _____

LEGAL GUARDIAN (if under 18 years of age) _____ DATE _____

*****PLEASE PRINT*****

NAME _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ DRIVERS LICENSE # _____ STATE OF ISSUE _____

LOCAL ADDRESS _____

LOCAL PHONE _____

PERMANENT ADDRESS _____

PERMANENT PHONE _____

PARENT'S NAME _____

PARENT'S CONTACT NUMBER: _____

PARENT'S ADDRESS: _____

This form must be complete in its entirety.
You may fax back to the Cub Camp office at 479-788-7102 or mail back to UA Fort Smith/Cub Camp/Campus Center 115/P.O. Box 3649/Fort Smith, AR 72913