

**UNIVERSITY of Mount Olive**

**Parental Consent, Assumption of Risk and  
Release from Liability Form**

The purpose of this form is to enable our staff and/or health facilities in the area to provide prompt care to your minor child(ren). We must have a completed *Parental Consent Form* on file. This way, we can help your child without delay in the event of an emergency.

Name of minor: \_\_\_\_\_

Camp Attending: \_\_\_\_\_

Birthday: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Insurance Company's Name: \_\_\_\_\_

Medical/Hospitalization Insurance Policy #: \_\_\_\_\_

Phone Number of Office Holding Policy: \_\_\_\_\_

**Medical Information**

Allergic Reactions: \_\_\_\_\_

Medication(s) Presently Taking: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Past illness or other information that would be useful in the event treatment is necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Phone Numbers**

Father (Home): \_\_\_\_\_ Mother (Home): \_\_\_\_\_

Father (Work): \_\_\_\_\_ Mother (Work): \_\_\_\_\_

Father (Cell): \_\_\_\_\_ Mother (Cell): \_\_\_\_\_

Other contact in event parents can not be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

I voluntarily agree to allow my minor child(ren) to participate in this activity and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or part, by the negligence of the University of Mount Olive with the exception of willful or gross negligence. CCU 051606

In consideration of allowing my minor child(ren) to participate in this activity, as well as the use of any of the facilities and the use of the equipment, I hereby agree as follows:

(1) TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities and their officers, directors, employees, representatives, agents and volunteers.

Facility: \_\_\_\_\_

Others: University of Mount Olive

Instructor: \_\_\_\_\_

(2) To release University of Mount Olive, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claim of action that I, my estate, heirs, executors or assigns may have for any personal injury, property damage or wrongful death arising from this activity whether caused by active or passive negligence of University of Mount Olive or otherwise with the exception of gross negligence. By executing this document, I agree to hold University of Mount Olive harmless for any injury, including, but not limited to, paralysis or permanent disability, or loss of life which may occur to my minor child(ren) during this activity and/or instruction.

(3) By entering into this agreement, I am not relying on any oral or written representation or statements made by University of Mount Olive, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina, United States of America.

(4) If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document.

I hereby authorize the director, assistants, or other persons responsible for my minor child(ren)'s care to act on my behalf, according to their best judgement, for said minor in any emergency requiring medical attention and I hereby waive and release the camp, the instructors and University of Mount Olive of all liability for any illness or injuries incurred while at, or in transit to and from the camp.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Print Name of Parent or Guardian