

Cornell Athletics Camps & Clinics

CAMP FORMS

Please return forms to Cornell Camps & Clinics as soon as possible,
preferably 30 days before the start of camp.

PLEASE USE THIS SHEET AS THE COVER SHEET WHEN MAILING OR FAXING

Forms may be mailed, emailed or faxed to:

Mail:

**Cornell Camps & Clinics
554 Campus Road
Ithaca, NY 14853**

Email: camps@cornell.edu

Fax: 607-255-2213

CAMPER NAME: _____

PARENT NAME: _____

Daytime phone # _____

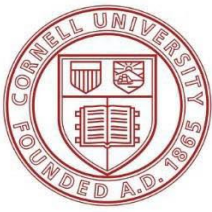
CAMP(S) ATTENDING: _____

CAMP FORMS ENCLOSED:

- Hold Harmless Form
- Medical Form
- Copy of physical/immunizations
- Other (please indicate in notes below)

Notes:

****PLEASE RETAIN A COPY OF ALL FORMS FOR YOUR RECORDS****



Cornell University
Athletics & Physical Education
Camps & Clinics

Bartels Hall
554 Campus Road
Ithaca, NY 14853
T. 607.255.1200
F. 607.255.2213
camps@cornell.edu
cornellcamps.com

HOLD HARMLESS AGREEMENT

Campers **WILL NOT BE ALLOWED TO PARTICIPATE** until this completed form is received.

CAMPER NAME (LAST): _____ (FIRST): _____

(print neatly) CAMP(S) ENROLLED IN: _____

1. I give permission for my child to go swimming in Cornell's swimming pools. _____ (initial if permitting)
2. I consent to my child's volunteer participation in the Camp knowing the potential dangers, hazards, and risks of injury and illness: involved in sports camps that may arise and that it is not possible to specifically list every individual risk of injury and illness including, but not limited to: Abrasions, Bruises, Torn, Pulled/Strained Tendons, Ligaments And/or Muscle: Bone Joint Dislocation, Fainting, Nausea and/or Vomiting; Broken Bones; Head/Eye Injuries; Brain Damage; Paralysis, Traumatic Brain Injury, Back/Neck/Spine Injuries, Slips, Trips, and Falls from traversing uneven terrain; Contact with physical objects, such as being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet); Contact with/being bitten or stung by animals, such as insects; Lacerations; Extreme weather conditions including sun, rain, wind, hail, and lightning, hypothermia, dehydration, Heart Attack; Heat Exhaustion/Stroke; Trauma from physical contact with participants/campers, such as being hit, struck, physically challenged or collision with other participants; Collision with camp facilities (floor, goal, backboard, ground, pool, diving board, rink, ice, mat); and Immersion in the water (drowning). Allergies and reactions and illness due to exposure to food, beverage, plants, and other consumed or topical products; Equipment failure; Death; etc. I hereby expressly assume all of the delineated risks in this camp.
3. With full awareness and appreciation of the risks involved, I hereby and agree on behalf of myself, my child and on behalf of our heirs, family members, executors, administrators, assigns, personal representatives and next of kin, agree to Hold Harmless and Indemnify, Cornell University, their respective trustees, officers, agents, volunteers, and employees (collectively "Released Parties") from any and all liabilities, damages, claims, expenses, causes of action, or demands of any nature whatsoever, including claims of negligence on account of an accident, personal injury, property damage or even death however caused within the scope of my child's participation in this Camp, except those things caused by the negligence of Cornell University.
4. I understand and acknowledge that COVID-19 is a global pandemic and a public health risk. I understand that the risk of becoming exposed to or infected by COVID-19 at Cornell University may arise from the actions, omissions, or negligence of myself, my child and/or others. I recognized that the University cannot limit all potential sources of COVID-19 infection. I knowingly and voluntarily assume all risks, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection with COVID-19, for myself, my child, and my family. I fully understand the risks, I knowingly and voluntarily waive and release Cornell University trustees, officers, agents, volunteers, employees, and students (the "Released Parties") from all present and future claims of any type, including negligence, for any harm or loss, including but not limited to economic loss, personal injury, disease, death or property damage suffered by me, my child, or my family, as a result of my child's participation in a Cornell University Camp or as result of my child's presence or my presence on Cornell University campus. I agree to indemnify, hold harmless, and covenant not to sue the Released Parties for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees or other loss arising out of the Camp activities.
5. I agree to allow authorized camp personnel to transport my child in Cornell vehicles for medical reasons, to and from recreation activities and/or should weather conditions delay walking to/from sessions. I understand and acknowledge that I, the parent or legal guardian am solely responsible and assume all related risks for the transportation of my child/youth to and from the location of the Camp.
6. In the event of an injury or illness, I give permission for my child to be treated by the Cornell Athletics medical staff and Ithaca emergency room staff at the Cayuga Medical Center or a Convenient Care Center. I also give permission for the medical staff to administer any medications as indicated on his/her medical form. I understand that Cornell

University does not provide any Accident or Medical insurance with respect to this Camp. I am responsible to provide any Accident or Medical Insurance, and it will be my responsibility to pay for emergency room care, doctors' services, hospitalization, and any other related costs, medical or non-medical. I further acknowledge that I will take all precautions that I deem necessary for my child's personal safety and well-being, including but not limited to, medical precautions as needed prior to the start of this Camp. Finally, I promise to inform Cornell University about any special needs, my child may have or any precautions the faculty, staff, students, and volunteers must take prior to the start day of the Camp.

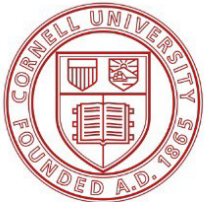
- **NOTE: Your child will not be allowed to participate in our camps unless your medical insurance provider and policy number is provided on the Medical Form.**

7. I agree and understand that Cornell University is not responsible for any theft, damage, or loss to my child's personal property while participating in the Camp. Cornell University will not provide lockers for camper use and recommend all valuable belongings/property are left home.
8. I give permission for my child to carry and self-apply sunscreen. I understand the following conditions must be to promote proper and safe use of sunscreen: 1) the sunscreen will only be used to prevent overexposure to the sun, and 2) only sunscreen approved by the FDA for over-the-counter use will be used. If my child is unable to apply the sunscreen themselves, I give permission for the camp staff to assist in the application of sunscreen.
9. I understand that my child must abide by all laws, regulations, Cornell University procedures, policies, and rules at all times during my child's participation in the Camp. I understand that if I permit my child, or if my child chooses to participate in any conduct, excursions, or other activities in violation of Cornell University procedures, policies, and rules prior, during or after the Camp, which are not included or part of the scheduled Camp, that they do so voluntarily, and that Cornell University is not responsible for my child or my child's actions.
10. I agree that this Release Agreement shall be governed by the laws of the State of New York, without regard to conflicts of laws principles. I agree that any dispute about the terms of this Release shall be presented to a court of competent jurisdiction in the State of New York with a venue in Tompkins County.
11. I certify that I have read and understand this entire Release Agreement, and understand the dangers involved in participating in this Camp. I am fully aware of the legal consequences of this Release Agreement, and I agree to its terms. I represent and warrant that I am eighteen (18) years of age or older and have the legal authority to execute this Release Agreement on behalf of the listed child.

Parent or Guardian (please print)

Signature of Parent or Guardian

Date



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Athletics & Physical Education
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 554 Campus Road
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 camps@cornell.edu
 cornellcamps.com

MEDICAL FORM

Camper Name: _____ Gender: BOY GIRL DOB: ___/___/___

Primary Contact: _____ Relationship: _____

Parent/Guardian Cell Phone: (_____) _____ Work Phone: (_____) _____

Emergency Contact (other): _____ Phone: (_____) _____

Insurance Co.: _____ Policy/ID #: _____

Policy Holder: _____
Full Name Date of Birth

Ins. Co. Address & Phone #: _____ (_____) _____

REQUIRED MEDICAL INFORMATION:

Complete immunization records are attached: YES NO

An up-to-date physical is attached (w/in year of camp): YES NO

Medication will be needed at camp: YES* NO

***If YES:** all information in the box below **MUST** be completed by your physician.

FOR PHYSICIAN USE ONLY (if taking medication at camp)

Medications & Dosages: _____

Time/Frequency of Administration: _____

Allergies to Medications: _____

Medical conditions, even if controlled (diabetes, seizures, etc.) _____

I have examined, _____ and hereby certify that s/he is able to participate in all athletic activities.
Camper's Name

Physicians Signature Date Phone

MEDICAL TREATMENT AUTHORIZATION *(Must always be signed by parent and by camper if camper is 18 years of age or older)*

I give my permission for my daughter/son/ward to receive medical care by the staff of Cayuga Medical Center at Ithaca (including its Convenient Care Center) in the event of injury or illness. I also give permission for medical staff to administer any medications as indicated above. I understand I will be responsible for all charges for health services provided by off-campus providers in the event that they do not participate with my health insurance.

PRIVACY INFORMATION: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires all health care providers to inform patients and/or parents of minors of their Notice of Privacy Practices.

Parent/guardian Signature: _____ Camper Signature (if 18 or older) _____

Date: ___/___/___

Date: ___/___/___