

***Guardian Form (Youth Participant)***

Creighton University  
Recreation + Wellness

**WAIVER AND RELEASE OF LIABILITY for Recreation + Wellness Activities**

**DISCLAIMER:** Creighton University is NOT RESPONSIBLE for any injury or loss of property to any person suffered while warming up, practicing, traveling, playing, or participating in **Recreation + Wellness Activities** for any reason whatsoever, including ordinary negligence.

This **WAIVER** and **RELEASE OF LIABILITY** was executed this day \_\_\_\_\_, at Omaha, Douglas County, State of Nebraska by \_\_\_\_\_, (**Guardian**) as Guardian of \_\_\_\_\_ (referred to in this document as Minor) in favor of Creighton University and its Trustees, Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns (**UNIVERSITY**).

In consideration for the Minor's participation in Recreation + Wellness Activities, **Releasor** hereby **RELEASES** and covenants not-to-sue the **UNIVERSITY** for any and all present and future claims resulting from ordinary negligence on the part of the **UNIVERSITY** for property damage, personal injury, or wrongful death arising as a result of engaging in, using **University** facilities and equipment, or receiving instruction for Recreation + Wellness Activities or activities thereto, wherever, whenever, or however the same may occur. **Releasor hereby voluntarily waives** any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by **Releasor's family, estate, personal representative, heirs, or assigns**.

Further, **Releasor** realizes that participation in Recreation + Wellness Activities involves certain risks and danger and is a vigorous activity involving severe respiratory and cardiovascular stress. **Releasor** has hereby been made aware that participation in Recreation + Wellness Activities has the following non-exclusive list of certain risks which I accept: death; head, eye, neck, and spinal injury resulting in complete or partial paralysis; brain damage; heart attack; blisters; cuts; lacerations; abrasions; concussions; contusions; strains; sprains; dislocations; fractures; cold and heat injuries; water immersion; drowning; lightning strikes; injury to bones, joints, muscles, internal organs; and environmental conditions. In addition, I understand and accept the incidental risks of travel to and from the site of activity; participation at sites that may be remote from available medical assistance; and the possible reckless conduct of other participants.

Due to the continued outbreak of COVID-19 in most areas of the world and the U.S., including the state of Nebraska, Creighton University urges caution for individuals participating in in-person Recreation + Wellness. Individuals who choose to participate in in-person activities this summer must be aware of the potential risks that exposure to the novel virus poses to their health and safety, that Creighton University is not able to lessen those risks, and that participation in those in-person activities does not create any liability on behalf of Creighton University. The University encourages all individuals to know, understand, and follow the guidance from local governments and local health departments in the area where individuals may be participating in in-person activities, particularly since that guidance can change rapidly.

In the event of a medical emergency, Creighton University or its representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expense involved.

I have read and understand that this **WAIVER** is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska and agree that if any part is held invalid, the remaining parts of this **WAIVER AND RELEASE** will continue in full force and effect as intended. I further agree that the venue for any legal proceeding shall be in the State of Nebraska.

\_\_\_\_\_  
**GUARDIAN** (Signed)

\_\_\_\_\_  
(Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Minor's Date of Birth

**Medical-Insurance Information and Consent**

As Guardian of \_\_\_\_\_, he/she is physically capable of participating in all Recreation + Wellness Activities under normal, reasonable conditions and medical/health insurance coverage for the minor child is the **Guardian's** responsibility.

Medical Insurance Co: \_\_\_\_\_ Policy# \_\_\_\_\_

# Creighton University

## Media Release Form

Camp Session: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Please read the following and select among the following two (2) options.

[ ] I hereby grant full permission to Creighton University to prepare, record, use, reproduce, publish, distribute and exhibit my child's name, picture, portrait, likeness or voice, or any or all of them in or in connection with any medium, including, but not limited to, the production of web sites, still photography, motion picture film, television, tape, film or sound track recording, scientific publication, or any other purpose Creighton University deems appropriate.

I hereby waive all rights of privacy or compensation, which I may have in connection with the use of my child's name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said media, including, but not limited to, web sites, still photography, motion picture film, television tape, film or soundtrack recording and any use to which the same or any material therein may be put, applied or adapted by Creighton University.

This consent and waiver will not be made the basis of a future claim of any kind against Creighton University and any of its agencies.

[ ] I do not grant full permission to Creighton University to prepare, record, use, reproduce, publish, distribute and exhibit my child's name, picture, portrait, likeness or voice, or any or all of them in or in connection with any medium, including, but not limited to, the production of web sites, still photography, motion picture film, television, tape, film or sound track recording, scientific publication, or any other purpose Creighton University deems appropriate.

This form remains valid until changed by written notice to: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

**Participant/Camper's Name:** \_\_\_\_\_

**Complete one form per child.**

## CHECK OUT AUTHORIZATION FOR CAMPER

*Please circle your plan choice and sign and date your selected method of check-out for your child. Campers must be Plan #1 or Plan #2. Any changes to the selected plan must be done in writing to camp director.*

### **Plan 1**

My child should be kept at Camp or in the designated pick-up area until he/she is signed-out by one of the following people:

Name(s) of persons authorized to check-out child (including parent):

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Plan 2**

My child is allowed to leave Camp on his/her own at the conclusion of his/her camp day, 4pm.

FOR EXTENDED CARE ONLY -I want my child to check out at

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SUPPLEMENTAL INFORMATION

*The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp personnel upon participant's arrival at camp. Provide complete information so that the camp can be aware of your needs.*

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of family dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

### **Allergies (list all known)**

Medication allergies (list)

\_\_\_\_\_

Food allergies (list)

\_\_\_\_\_

Other allergies (list – include insect stings, hay fever, animal dander, etc.)

\_\_\_\_\_

### **Describe reaction and management of reaction.**

\_\_\_\_\_

\_\_\_\_\_

### **Medications**

**Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire camp session. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and the frequency of administration.**

\_\_\_\_\_ This person takes NO medications on a routine basis. \_\_\_\_\_ This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #4 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

*Attach additional sheet for more medications.*

***You will be required to complete a “Participant Medication and Instruction” form at the beginning of the first session your camper is attending if medication is required during the camp day.***

Use this space to provide any additional information about the participant’s behavior and physical, emotional or mental health, which the camp should be aware. \_\_\_\_\_

\_\_\_\_\_

**Participant/Camper's Name:**\_\_\_\_\_

Complete one form per child.

**EMERGENCY CONTACTS**

In case of emergency, please provide us with an emergency contact who we can call:

Note: You must list your name/information if you wish to be the primary contact

\_\_\_\_\_  
Contact's Name                      Cell Phone                      Work Phone

Secondary Contact in case we cannot reach the person listed above:

\_\_\_\_\_  
Secondary Contact's Name                      Cell Phone                      Work Phone

Tertiary Contact in case we cannot reach either person listed above:

\_\_\_\_\_  
Secondary Contact's Name                      Cell Phone                      Work Phone

**Participant/Camper's Name:** \_\_\_\_\_

Complete one form per child.

## **CAMPER CODE OF CONDUCT**

Our goal is to provide the highest quality recreational day camp in a safe environment for the campers. Please assist us in maintaining a safe and enjoyable environment by following the camper code of conduct.

Campers will:

- Be respectful of the feelings and properties of others, by treating them the same way that they would want to be treated.
- Show respect to the staff and cooperate with their instructions.
- Know and follow the rules of camp.
- Communicate with others in an appropriate manner. No use of foul language.
- Refrain from the verbal or physical harm of other participants and/or staff.
- Understand that any form of pushing, kicking, hitting, or fighting is unacceptable and will not be tolerated.
- Use equipment and supplies in an appropriate manner.
- Be fully responsible for his/her actions and understand the consequences of any inappropriate actions.

Consequences for misbehavior or breaking camp rules will be, but not limited to, time out from the activity, time away from the group if needed, written communication to parents regarding behavior, phone call to parents to discuss behavior if necessary, and suspension or expulsion from camp. The goal of camp behavior management is always to have the camper successfully rejoin the group provided the camper is not putting others in danger.

*Creighton reserves the right to suspend or expel campers immediately for serious misbehavior.*

**I have read and understand the above policy. I assume the responsibility for insuring my child is aware of this policy and the consequences of his/her actions should there be such offense.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_