

# MSU Racer 101

## Consent and Release Form

*This completed form must be signed by the participant or if under 18 years of age, by the participant's parent or guardian and turned in at the registration table at camp check-in. Do NOT mail this form in. No participant will be able to complete the check-in process without this completed and signed form.*

### Section A: Emergency Contact Information

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

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Name on Policy: \_\_\_\_\_ Policy/Group No. \_\_\_\_\_

Alternative Contact (In the event of an emergency and parents can't be reached):

Name \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Section B: Medical Information and Treatment

Should a participant become ill or injured, it should be reported to Racer 101 staff immediately. In the case of a more serious illness or accident, I hereby authorize that my parent or guardian be contacted as soon as possible. So we can provide our participants with the best possible service, we require that each participant complete the medical information below.

I do hereby grant permission for myself/my son/daughter/ward to attend the above-named program and certify, to the best of my knowledge and belief, that I am/he/she is physically able of participating in the program and recreational activities of the camp subject to the special medical restrictions as listed below. I acknowledge and understand and agree that in participation in this program there is a possibility of physical illness or injury and that I am/my son/daughter/ward is assuming the risk of such illness or injury by my/his/her participation. In order that I/my son/daughter/ward may receive the necessary medical treatment in the event of an injury or illness, I hereby authorize the program staff to obtain medical treatment for myself/him/her for such injury of illness during the program, and I release Murray State University, its officers, agents, and employees from responsibility for any injury which I/my son/daughter/ward may sustain arising out of participation in this program.

Please complete the following Medical Information:

Special Medical Restrictions: \_\_\_\_\_

Medications to which participant is allergic: \_\_\_\_\_

Medications which the participant is currently taking. Include dosages and how often it is to be taken: \_\_\_\_\_

Known Food Allergies: \_\_\_\_\_

*Continued on Back....*

Other conditions (medical or behavioral) that Racer 101 staff should be aware of: \_\_\_\_\_

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### **Section C: Rules, Restrictions, and Conduct**

Possession or usage of alcoholic beverages, illegal drugs and firearms and weapons are forbidden and not permitted on campus or anywhere off campus during camp. Smoking is not permitted in any MSU building. Male/Female visitation in the residence halls may take place only in the designated public areas. Personal vehicles must be parked in specified lots and should not be used during camp. Car keys will be collected by camp staff and returned to the owner on the last day of camp. No participant may leave the MSU campus without written permission from parent or guardian (if under 18) and knowledge and consent by the Camp Director. Participants are expected to be on their best behavior and to behave respectfully and follow all rules, including residential hall rules. Conduct which disturbs others will not be tolerated. Just as it is illegal anywhere else, behavior such as tampering with vending machines or telephones, stealing, improper use of fire alarms, or wanton damage to facilities is strictly prohibited.

I understand that I may be held financially responsible for any needed repairs resulting from damage that I/my son/daughter/ward may cause. I understand that by the discretion of the Racer 101 Staff, I/my son/daughter/ward may be dismissed and sent home at my expense for improper or dangerous conduct and/or violating camp rules. Furthermore, I release Murray State University and its agents and staff of any liability caused to myself/my son/daughter/ward due to his/her conduct or behavior.

### **Section D: Statement of Fire Suppression Systems—Resident Campers Only**

All residence halls being used during Racer 101 have been equipped with automatic fire suppression systems (sprinklers). By my signature below, I hereby verify that I have been informed and understand that the residence halls being used during Racer 101 are equipped with automatic fire suppression systems.

### **Section E: Photo and Image Consent**

Periodically, university staff may document Racer 101 experiences with digital and film photography and/or video. I understand and give permission for my/my son/daughter/ward's image to be taken, included, and published on the World Wide Web and/or printed marketing materials for the purpose of Racer 101 or university promotion.

### **Section F: Internet and Computer Lab Usage**

On occasion, some MSU camps may use the internet for research and communication. Time spent in computer labs will be supervised by camp staff. I give my permission for me/my son/daughter/ward to have supervised computer lab time, if this curriculum is scheduled for their particular camp.

By my signature below I declare that I have read and understand each section of the Racer 101 Consent and Release Form.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Participant (Print)

\_\_\_\_\_  
If participant is under 18, Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MSU Representative Signature  
(signed at Check-in)

\_\_\_\_\_  
Date

**RELEASE**

WHEREAS, the undersigned is voluntarily participating in Racer 101 (the "Camp") to be held at Murray State University on June 4-7, 2017; and July 11-14, 2017.

WHEREAS, as part of the Camp, participants will be engaged in various games, field trip to Land Between the Lakes, hiking, and transportation to and from various events; and

WHEREAS, in order to facilitate and maintain the continued viability of the Camp at Murray State University ("MSU"), one or both of which provide substantial direct benefit to the undersigned, and in order to facilitate the providing of services, including transportation services, in connection with the Camp activities, the undersigned is agreeable to releasing the persons and entities designated below from any liability for injury, including death, which may occur as a result of the undersigned's participation in the Camp, including travel in connection therewith;

NOW, THEREFORE, in consideration of the premises stated herein, the undersigned does hereby release MSU; the Camp, the MSU Board of Regents, individual regents, officers, advisors, sponsors, agents and employees; and all other MSU persons or MSU entities [the "released parties"] from any and all injury or death, which may occur in connection with or arise out of the Camp, or any participation therein or activity thereof, including any travel, whether by MSU vehicle, personal automobile, or otherwise, associated in any manner therewith or necessitated thereby. I further, on behalf of myself, my heirs, assigns, and estate, hereby agree to indemnify and hold harmless MSU, its Board of Regents, individual regents, officers, advisors, sponsors, agents, and employees and all other MSU personnel or MSU entity from any action or cause of action, whether based on negligence or other liability arising out of the Camp.

The Release is intended to be total and complete and is to include any act or wrongdoing of whatever nature or kind, including negligence whether simple or gross, of or by the released parties, or any of them. The undersigned acknowledges herein that his/her participation in the Camp is completely voluntary.

This Release is entered into voluntarily. The undersigned represents that he/she is eighteen (18) years of age or older or if not 18 years of age, same is also hereby agreed to and executed by the parent/guardian of the participant.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Name of Participant (Print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature-MSU Representative

\_\_\_\_\_  
Signature-Parent/Guardian of Participant  
(if under 18)