



Church Name: \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies and Health Concerns \_\_\_\_\_

Is your son or daughter under the care of a physician? Yes no Please provide pertinent information:  
\_\_\_\_\_

Is your son or daughter taking prescription medication? Yes no Please list and explain:  
\_\_\_\_\_

Please list any over-the-counter medications you do not wish dispensed to your child:  
\_\_\_\_\_

**THE PERSON LISTED ON THIS FORM WILL BE ATTENDING UNIDIVERSITY YOUTH CAMP 2018 AT THE UNIVERSITY OF TENNESSEE AND IN VENUES IN AN AROUND KNOXVILLE, TENNESSEE**

We (I), the parent(s) or guardian(s), of the individual listed, and on behalf of personal representatives and our (my) heirs, hereby voluntarily agree to release, waive, forever discharge, hold harmless, defend and indemnify Unidiversity Youth Camp, the University of Tennessee and the agents, officers, boards, volunteers and employees from any and all liability and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of our (my) child's participation in activities related to Unidiversity Youth Camp., including travel to and from the event.

Furthermore, we (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to participate fully in Unidiversity Youth Camp, and hereby give permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery, tests, medications, or X-rays. We (I) will assume all responsibility for all medical bills, if any. I understand that if medical treatment is required, I will be contacted as soon as possible. Should it be necessary for our (my) child to be sent home for medical, disciplinary reasons or otherwise, we (I) hereby assume all costs.

We (I) grant permission for him/her to travel with his/her church youth group and understand that supervision of our (my) child is the responsibility of the designated church leader and other adults traveling with the group serving as chaperones. I fully release, waive, forever discharge, hold harmless defend and indemnify Unidiversity Youth Camp, the University of Tennessee and their agents, offices, boards, volunteers and employees from any liability or claims resulting from adults and chaperones traveling with my child committing inappropriate actions or their failure to provide appropriate supervision during my child's participation at Unidiversity. This includes travel to and from the event. I further attest that I am aware of all adults traveling with my child's group and I approve these adults to serve as chaperones for my child at this event. I understand that at no time during Unidiversity does the University of Tennessee or Unidiversity Youth Camp take custody nor control of my child. This supervision will involve (but is not limited to) assigning living accommodations, determining daily schedules, selecting optional activities and modes of transportation.

We (I) hereby grant permission for Unidiversity Youth Camp and the University of Tennessee to publish images of activities and of this participant for the purpose of promoting Unidiversity Youth Camp and the University of Tennessee. We (I) grant this permission freely without reservation.

We (I) understand that there are excursions and recreational opportunities at Unidiversity. We (I), the parent(s), fully understand and acknowledge that outdoor recreational activities have inherent risks.

Signature of Parent (Guardian) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent email \_\_\_\_\_ Parent Cell # \_\_\_\_\_

Signature of Parent (Guardian) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent email \_\_\_\_\_ Parent Cell # \_\_\_\_\_