



NOTE: A completed participant form is **required** in order to participate in any youth program on campus (or sponsored by SUNY Oswego) and must be received no later than 10 days prior to the camp start date.

Program(s) Attending:	Session or Program Date(s):
Participant Full Name:	Participant DOB: / /
Primary Contact:	Relationship to Participant:
Day Phone:	Cell Phone:
Secondary Contact:	Relationship to Participant:
Day Phone:	Cell Phone:
Emergency Contact Name:	Emergency Contact Phone:

Authorized Release Person(s):

Please list the person(s) **other than the parent or legal guardian** that your child may be released to at the end of each program session below. These individuals will be **required** to show photo ID when picking up your child.

Name:	Relationship to Participant:
Phone Number:	
Name:	Relationship to Participant:
Phone Number:	
Name:	Relationship to Participant:
Phone Number:	

Permission and Insurance:

I hereby give my child, _____, permission to participate in the camp listed above and all activities related to the camp. I am fully aware of the risks and potential hazards connected with participating in the above-mentioned program(s), and I hereby elect to allow my child to voluntarily participate in said program(s). I further acknowledge and attest that my child is in good physical and mental health for the limited purpose of participating in the above-mentioned program(s).

I understand that SUNY Oswego does not provide any accident or medical insurance for my child. I understand that I am required to provide accident and medical insurance for my child and do so under the policy provisions listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. I understand that I am required to provide a copy of my child's vaccination records (on physician stationary) in order for my child to be allowed to participate in the above-mentioned program(s). **NOTE: Your child will NOT be allowed to participate in the program(s) listed above unless your medical insurance provider and policy number are provided below AND a copy of your child's vaccination records (on physician stationary) is submitted along with this form.**

Insurance Co:	Name of Policy Holder:
Policy/ID Number:	Insurance Co Phone Number:



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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE OF SIGNING

Medical Concerns and Treatment:

Are there any conditions that limit your child's ability in all camp-related activities? If yes, please provide specific details and a list of limitation below:

Does your child have any allergies we should be aware of? If yes, please list below along with any/all reactions:

Is your child currently taking any medications? If yes, please list below along with any possible side-effects:

In the event of injury, illness or accident, I give permission for my child to be treated by a qualified athletics trainer, nurse or licensed EMT and/or emergency personnel at the scene and/or at the local hospital.



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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE OF SIGNING

Participant Consent, Release and Waiver of Liability:

In consideration for my child, _____ who is participating in _____ which is hosted by _____ during the dates of _____:

I hereby expressly recognize and assume all risks associated with my child's participation in the above-mentioned program(s) and voluntarily release, waive, discharge, hold harmless and covenant not to sue the State University of New York, State University of New York at Oswego (the releases), their respective employees, students, representatives and volunteers from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to the loss, damage or injury, that may be sustained by my child, or to any property belonging to me, whether caused by the negligence of the releases or otherwise, while participating in the above-mentioned program(s), or while in, on or upon the premises where the above-mentioned program(s) is being conducted. I agree to indemnify and hold harmless the releases from any loss, liability, damage or costs, including court costs and attorneys' fees, that may incur due to my child's participation in the above-mentioned program(s) whether caused by the negligence of releases or otherwise.

In signing this PARTICIPANT CONSENT, RELEASE and WAIVER OF LIABILITY, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily as on my own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement have been made; I am at least (18) years of age and fully competent OR I am a parent or legal guardian of the child participant, and I execute this PARTICIPANT CONSENT, RELEASE and WAIVER OF LIABILITY for full, adequate and complete considerations, fully intending to be bound by the same.

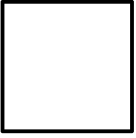


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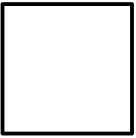
SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE OF SIGNING

Photo Release Consent:



I DO hereby grant permission and consent for the State University of New York at Oswego and/or the program sponsor to use any of the photographs taken of me or my child during their participation in the program for legal use, including but not limited to: editorial/copyright, publicity, illustration, advertising/promotional and web content purposes only. I understand that the images may be used in print publications, online publications, presentations, websites and social media. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.



I DO NOT grant permission and consent for photographs taken of me or my child during their participation in the program to be used by the State University of New York at Oswego and/or the program sponsor.



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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE OF SIGNING

In order for your child to participate in the program, this form MUST be fully completed and returned to the program sponsor along with a copy of your child's vaccination records on physician stationary.

All questions pertaining to the program should be directed to the program sponsor.

For questions pertaining to the above form, please contact Youth Protection and Compliance at SUNY Oswego:

youthcompliance@oswego.edu

135 Marano Campus Center

Melissa Paestella

melissa.paestella@oswego.edu

Megan Runge

megan.runge@oswego.edu

