



AOS Summer Day Camp Health & Activity/Release Form
 (This form will be kept confidential)

Camper Name: _____ Session Date: _____

Personal Information	Emergency Contact Information
Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </small>	Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First </small>
Address: _____	Phone: _____ Alt. Phone: _____
City/Town: _____ Zip: _____	Relation to Camper: _____
Date of Birth: _____	

Statement of Understanding/Release

The AOS Summer Day Camp strives to create a positive program for all campers through experience-based activities. Participation in the AOS Summer Day Camp at the Arkansas 4-H Center may involve certain activities that are physically demanding, including but not limited to: swimming, canoeing, rock climbing, hiking and archery. By signing this statement I recognize there is a significant element of risk in any activity, sport or adventure associated with these outdoor activities. Knowing the inherent risks, dangers and rigors involved in the activities, I certify I or my minor child, is fully capable of participating in these activities. I understand and agree that I or my minor child has the personal responsibility to follow the established safety rules and procedures to the extent that he or she participates in such activities. By signing below, I agree I will not hold liable the University of Arkansas, the Arkansas 4-H Foundation, the Arkansas Cooperative Extension Service or its employees for any injury or damage that I or my minor child may receive while being transported or participating in the AOS Summer Day Camp program or activities.

Publications, Video, Social Media, Internet Permission

The Arkansas Cooperative Extension Service normally takes photographs, videos and/or audio recordings of our programs, including the AOS Summer Day Camp program and its activities. During activities, a photograph or video/audio recording may be taken of you or your child. By signing below, I give permission for the Arkansas Cooperative Extension Service to use my child's picture, art, written work, voice, image, and/or verbal statements in any medium now known or developed in the future without any restrictions for use in any promotional or education purposes.

Emergency Medical Information/Medical Authorization

Does your child have allergies? Yes No Explain: _____

Does your child have any physical limitations that might limit participation? Yes No Explain: _____

Is your child presently taking medication? Yes No Explain: _____

Will your child need medication at camp? Yes No Explain: _____

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. By signing below, I agree that the health history listed herein is true and correct, and I further authorize: 1) An attending physician and/or attendant health service staff to employ such diagnostic procedures and medical treatment as necessary; and 2) Medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the Cooperative Extension Service in order to process claims. I also understand and agree that I am financially responsible for charges not covered by the event insurance and hereby guarantee full payment to the attending physicians and/or health care units.

 Date Parent or Legal Guardian's Name (please print) Parent or Legal Guardian's Signature