

Medical Release Form

It is the responsibility of the camper's parents or legal guardian to ensure that the camper is healthy and has no physical problems which would prevent the camper's participation in camp activities. Responsibility for primary medical insurance coverage rests with the camper.

Policy Holder's Name _____
Insurance Company _____
Policy Number _____ Parent/Guardian _____
Special Medical Needs _____

This certifies that _____ has had a physical examination by a licensed physician in the past year and is free from any illness or injury that would prevent him from participating in any activities while he is present at camp.

Parent/Guardian Signature _____ Date _____

Authorization and Release

I grant Bradley University, without compensation and in perpetuity, the right to use photographs or video or audio recordings of me or my child or ward taken or recorded on _____ for commercial purposes in any media controlled by it, whether now or hereafter existing, without further approval and with or without identification of me or my child or ward. I will hold Bradley University harmless from any claims by me or my child or ward arising out of such use of said photographs or video or audio recordings.

Name (print full name) _____
Signature _____
Relation to subject (if subject is a minor) _____

PLEASE FILL OUT AND MAIL IN OR BRING ON THE FIRST DAY OF CAMP



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