

## Clarke University Hold Harmless and Health Information

Neither Clarke University nor the Clarke University Clinic/Camp carries medical insurance for injuries sustained by participants. Therefore, the person responsible for participant should review his/her own health insurance policy for coverage. The absence of health insurance coverage does not make Clarke University or the Clinic/Camp responsible for payment of medical expenses.

As a parent/guardian, I agree to assume the full risk and fully release and discharge members of the Clarke community, its directors, officers, trustees, agents, servants, and employees for any injuries, including death, damages, or loss, regardless of severity, which I or my child/ward may sustain as a result of any Clinic/Camp activity. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Clarke University Clinic/Camp against Clarke University and its directors, officers, trustees, agents, servants, and employees, as well as to indemnify and hold harmless the aforementioned.

In the event of an emergency, I authorize Clarke University Clinic/Camp officials to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child/ward's immediate care, and medical services required.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

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

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Phone Number(s) \_\_\_\_\_

Date \_\_\_\_\_ Participant's birth date \_\_\_\_\_

Allergies \_\_\_\_\_

Necessary Medical Information \_\_\_\_\_

Medical Insurance Company & Policy # \_\_\_\_\_

Dubuque Doctor/Hospital Preference \_\_\_\_\_

If Parent/Guardian is unavailable, in the event of an emergency please contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_