



## STAFF/VOLUNTEER CONSENT FOR PARTICIPATION & EMERGENCY

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Cell phone: \_\_\_\_\_ SEA member program (if applicable): \_\_\_\_\_

Allergies, medications, or medical conditions that SEA should be aware of: \_\_\_\_\_

Emergency Contact 1 Name: \_\_\_\_\_ Emergency Contact 2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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### WAIVER AND RELEASE OF LIABILITY AGREEMENT

IN CONSIDERATION of my involvement with a SEA event, I acknowledge, appreciate and agree that:

1. I risk bodily injury, including paralysis, dismemberment and disability, and while particular rules of the sport, equipment, and discipline may reduce this risk, this risk of injury does exist, as well as the risk of damage to and/or loss of property; and

2. I knowingly and freely assume all such risks, even if arising from the negligence of the releasees of others; and

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation or if I observe any concern in my readiness for participation, I will immediately bring such to the attention of the nearest official and refrain from participation; and

4. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, hold harmless, and promise not to sue SEA or other sponsoring organization(s), their officers, volunteers, staff, sponsors and/or agents, ("Releasees") with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the Releasees or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law; and

5. I authorize SEA to take photos and videos of me during these events, and to use my image in print or electronically for any lawful purpose such as newsletters and website content.

I have read this Waiver and Release of Liability Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Name (Printed) \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**

This is to confirm that my child, name above, will participate in one or more NUSEA events in the 2017-2018 program year (September 1, 2017 – August 31, 2018) and will be under the supervision of NUSEA's coaches, staff members and volunteers.

In the event of an emergency, I grant permission and do authorize SEA coaches, staff members and volunteers to make any necessary decisions regarding my child's welfare and medical condition. Should there be any need, I can be contacted at the phone number(s) listed above.

This certifies that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns, and next of kin to release and indemnify the Releasees from any and all Liability incident to my/our minor child's involvement as stated above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

➤ Parent or Legal Guardian Name \_\_\_\_\_

➤ Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## HEALTH FORM

Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address/Town \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please list specific dates for all immunizations or attach a form from the physician with this information.**

Diphtheria, Tetanus, Pertussis (DTaP/DTP/DT/Td) (4): \_\_\_\_\_

Td or Tdap (preferred) Grade 7 thru College\* (1): \_\_\_\_\_

*\* Everyone else is required to have a dose of Td (Tdap preferred) if it has been more than 10 years since the previous dose of Td.*

Polio (OPV/e-IPV) (3): \_\_\_\_\_ Tetanus/diphtheria (td) Booster: \_\_\_\_\_

MMR (1): \_\_\_\_\_ Measles: (2<sup>nd</sup> dose req'd) \_\_\_\_\_

Hepatitis B (3): \_\_\_\_\_ OR Laboratory evidence of immunity

Chicken pox/Varicella vaccine \_\_\_\_\_ (1 dose recommended 11-17 yrs old / 2 doses req'd for 7<sup>th</sup> graders and college freshman / Phase in beginning Fall 2011) – OR – healthcare provider certified history of chickenpox disease.

**Date of last complete physical exam:** \_\_\_\_\_ *(must be within 24 months of NUSEA event)*

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Hct. or Hgb.: \_\_\_\_\_ TB test \_\_\_\_\_

Any significant illness or injuries since last physical exam? \_\_\_\_\_

General estimate of health: \_\_\_\_\_

Please list medication or treatment orders to be carried out at camp:

\_\_\_\_\_

Please list allergies, health conditions such as asthma, etc., which may affect staff's activities:

\_\_\_\_\_

Name and address of health care provider: \_\_\_\_\_

\_\_\_\_\_ Health care provider phone: \_\_\_\_\_

**Signature of examining physician/nurse practitioner:** \_\_\_\_\_