

LEHIGH UNIVERSITY SPORTS CAMPS & CLINICS

HEALTH FORM FOR ADULT PARTICIPANTS

1. All information must be completed *prior* to participation. An adult (18 or older) must provide all requested information, **print** the form, and an adult **must sign the form**. A doctor's signature is not required.
2. The Health Form and the Waiver must both be mailed to the address indicated. Participants are STRONGLY encouraged to **also bring a copy of both forms to check-in**.
3. PLEASE RETURN FORM TO: Lehigh University Sports Camp Office, Attn: HEALTH FORM, 641 Taylor St., Bethlehem, PA 18015

Please indicate which SPORT:

1st EVENT ATTENDING: _____ DATE(S) _____
2nd EVENT ATTENDING: _____ DATE(S) _____

NAME OF PARTICIPANT _____
AGE of PARTICIPANT _____ DATE OF BIRTH _____
SPOUSE'S NAME _____

ADDRESS _____
CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ WORK PHONE _____
HOME TELEPHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME: _____
EMERGENCY CONTACT'S PHONE NUMBERS: _____

RELATIONSHIP TO PARTICIPANT OF EMERGENCY CONTACT: _____

LIST ANY **MEDICATION, FOOD, OR ENVIRONMENTAL ALLERGIES:**

LIST ANY MEDICATION BEING TAKEN. **PLEASE INCLUDE DOSAGE & REASON FOR MEDICATION.**

LIST ANY ORTHOPEDIC INJURIES **WITHIN THE PAST YEAR** AND DESCRIBE NATURE & SEVERITY OF THE INJURY. PLEASE GIVE DATE OF INJURY WITH SIDE AND A BRIEF EXPLANATION:

FAMILY PHYSICIAN _____
PHYSICIAN'S TELEPHONE _____
PHYSICIAN'S ADDRESS _____
DATE OF LAST PHYSICAL EXAM (**MUST BE WITHIN THE PAST YEAR**) _____
DATE OF LAST TETANUS BOOSTER _____
HEALTH INSURANCE COMPANY _____
HEALTH INSURANCE ADDRESS _____
HEALTH INSURANCE GROUP AND POLICY NUMBERS _____
NAME OF PERSON WHO IS PRIMARY HOLDER _____

WITH MY SIGNATURE BELOW:

- I verify that all of the above information is accurate to the best of my knowledge.
- I authorize the Lehigh University Health & Wellness Center and athletic training staff to provide me medical treatment.
- I verify that my I may participate in any and all camp/clinic-related activities and events, and that my authorization does not conflict with any medical advice or concerns expressed by my physician.

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE ALSO COMPLETE THE WAIVER

**LEHIGH UNIVERSITY SPORTS ACTIVITY
INDEMNITY RELEASE AND WAIVER**

I am about to participate in the following activity at Lehigh University (the "Activity"). (Check all that apply)

- | | | | |
|--|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> All Sport | <input type="checkbox"/> Crew/Rowing | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |

I hereby acknowledge that participation in the Activity may involve physical and recreational activities and that these activities may involve risks including, but not limited to, the following:

Physical exertion, such as: lifting, spotting, holding, catching other individuals; lifting equipment; running, quick movements; climbing; balancing; and stretching exercises.

Environmental hazards, such as: uneven, rough terrain; hot, exposed climate; unpredictable weather; unpredictable conditions (lightning, rain, etc.); unpredictable contact with plants, insects and other naturally occurring phenomenon, often of unknown variety or origin

Risks inherent to participation in sports and other recreational activities, such as: being hit or struck by equipment; rough, physical contact with other participants.

I realize that it is not possible to list specifically each and every risk. However, knowing the material risks and appreciating, knowing and reasonably anticipating that injuries, illness, paralysis and even death are possible, I hereby expressly assume all such risks that could occur by reason of my participation in any activities and the use of facilities and equipment related to the Activity.

I agree that, in exchange for and in consideration of the University permitting me to participate in the Activity, I hereby agree to **forever release**, Lehigh University, its trustees, officers, agents, and employees, from any cause of action, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence or any other form of action for which a release may be legally given (including attorneys' fees and costs) which may arise by or in connection with my participation in any activities related to the Activity.

I further **covenant not to sue** and agree to **hold harmless and indemnify** the University, its trustees, officers, agents and employees from any and all liability, causes of action, claims, demands, losses or costs of any kind and nature whatsoever (including attorneys' fees) arising out of or in any relating to my participation in any activities or my use of the facilities or equipment related to the Activity.

I understand that while participating in the Camp, I must follow the instructions and directions provided by University personnel and that I must abide by the policies of Lehigh University. Failure to follow instructions or directions may result in my immediate expulsion from the Activity.

I hereby authorize Lehigh University to act on my behalf in any medical emergency. ____ (Initial)

I hereby certify that I am voluntarily signing this release, and intend to be legally bound by the terms of this document. I have carefully read all of its provisions, and fully understand its significance.

Print Name of Participant: _____

Signature of Participant: _____ Date: _____