

**UNIVERSITY OF WISCONSIN-GREEN BAY - YOUTH CAMPS  
LIABILITY RELEASE**

This form **must** be brought with the student to check-in. **If you are attending multiple camps at UWGB, you still need to submit a separate health form for each camp that you attend at check-in.**

**This form MUST be completed before a student will be allowed in Camp. ABSOLUTELY NO EXCEPTIONS.**

Campers are encouraged to have their own health insurance, as only **limited accident** insurance is provided by the university.

**I. NAME OF CAMP ATTENDING \_\_\_\_\_ DATES \_\_\_\_\_**

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Camper Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
# and street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ telephone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Parent(s) Cellphone #'s \_\_\_\_\_

Relative/Other Responsible Party \_\_\_\_\_ telephone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

**V. EMERGENCY AND NON-EMERGENCY MEDICAL AUTHORIZATION and LIABILITY RELEASE**

I hereby authorize the University Health Service to provide non-emergency care to my child as needed. In addition, I authorize the emergency center physician and/or the physician on call, the emergency center staff and hospital staff itself to order any surgical or medical treatment, blood transfusions, anesthesia, or medication they may deem advisable for emergency care and treatment with the exception of \_\_\_\_\_  
(if acceptable as stated, write "NONE" or leave blank) while my child is attending the University of Wisconsin-Green Bay Summer Camp.

**X** \_\_\_\_\_  
signature of parent or guardian \_\_\_\_\_ date \_\_\_\_\_

I certify that to the best of my knowledge the above information is true and correct, and the student can safely participate in the UW-Green Bay Summer Camp Program.

Furthermore, as parent/guardian of a participant in the camp/clinic, I hereby state that I am aware of and accept the risk inherent in the program activity. I do hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin system, and the University of Wisconsin - Green Bay, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp/clinic.

\_\_\_\_\_  
Participant name - please print \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date \_\_\_\_\_ Address \_\_\_\_\_