

**Winthrop University**  
**Summer ST-ARTS Program Medical Assumption of Risk, Release and Indemnification**

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**PLEASE PRINT**

Today's Date: \_\_\_\_\_

**SUMMER ST-ARTS PROGRAM**  
**JUNE 6 - 24, 2022 (9 am-3:30 pm)**

Student's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_\_

Parents' Active E-mail: \_\_\_\_\_

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**Parents or Legal Guardian:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_  
(if different from above)

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Name of Health Care Provider/Group: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health/Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies (include medications currently taking): \_\_\_\_\_

Reaction to above allergies (i.e., hives, anaphylaxis, diarrhea): \_\_\_\_\_

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Current Medications (prescription or over the counter medications as well as their purpose and dosage):

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List of Chronic Illnesses/Medical Conditions or Disabilities: \_\_\_\_\_

List any special accommodations needed for the above conditions: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ List recent immunizations, injuries or surgery: \_\_\_\_\_

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Has the student traveled outside of the United States within the past six months? \_\_\_\_\_ If so, where, when and for how long? \_\_\_\_\_

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The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm the applicant is physically able to perform activities conducted at the camp and I hereby give my permission for such medical procedures as may be necessary to this camper by Winthrop University in the event of sickness or injury. I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and behalf of the applicant, hereby releases Winthrop University and all other employees, volunteers or agents of the camp from any and all liability, from injury, illness, mental or physical, suffered by the camper during or related to camp, to also include transportation and personal property.

Parent's (Legal Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_