



Springfield | Beavercreek | Bellefontaine | Xenia

## MEDIA RELEASE FORM

Student First and Last Name (print):

\_\_\_\_\_

Additional Student First and Last Name (print):

\_\_\_\_\_

Additional Student First and Last Name (print):

\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

I authorize Clark State College and/or their authorized agents to release publicly my student(s) name, and to use or publish videotapes and photographs of them. This information may be used in local, regional, state, or national publications of the agency listed above. This information may also be released to appropriate newspapers, television stations, radio stations, and/or publications, as well as any division or department website in order to promote the College and its departments.

I release the Clark State College from any liability for any violation of any personal or property rights which my student(s) may have in connection with such materials, and waive any right to approve accompanying written or narrative material.

Student(s) Name: \_\_\_\_\_

Signature(s) : \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_



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## MEDICAL RELEASE FORM

### STUDENT INFORMATION

\_\_\_\_\_  
Student First name                  Student Last name                  Date of Birth

\_\_\_\_\_  
Student First name                  Student Last name                  Date of Birth  
(Additional)

\_\_\_\_\_  
Student First name                  Student Last name                  Date of Birth  
(Additional)

\_\_\_\_\_  
Parent/Guardian 1 Name    Work Phone

\_\_\_\_\_  
Parent/Guardian 2 Name    Work Phone

\_\_\_\_\_  
Emergency Contact name    Emergency Contact Phone number

In the event that (student(s)' name) \_\_\_\_\_ should require emergency medical treatment and reasonable attempts to contact me have been unsuccessful, I give my consent for admission of emergency medical treatment deemed necessary by the licensed physicians or dentists at a nearby hospital, emergency facility or your hospital of preference.

Physician \_\_\_\_\_ Dentist \_\_\_\_\_

Hospital \_\_\_\_\_



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**HEALTH CONDITIONS** (List current health conditions that may require treatment during camp hours for each student)

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**ALLERGIES** (List medications, food, insect bites, pollens etc. for each student)

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**MEDICAL ACKNOWLEDGEMENT AND CONSENT**

I understand that the College recommends that my child(ern) consult a physician before engaging in physical activity, and, if my child(ern)'s physical health is questionable, that we obtain a medical clearance from a licensed medical professional. I also understand that I am responsible for my child(ern)'s medical expenses, including deductibles, co-pays, and transportation. I consent to emergency medical treatment for my child(ern) if the College, in its sole discretion determines it to be necessary. And in the event of a medical emergency, I also consent to and authorize the College to contact me and other emergency contact people whom I have provided.

Signature of parent/guardian\_\_\_\_\_

Date: \_\_\_\_\_



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**INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY  
& ASSUMPTION OF RISKS FORM**

ACTIVITY INFORMATION

Camp Activity: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_ Location: \_\_\_\_\_

PARTICIPANT INFORMATION

Name of Participant \_\_\_\_\_

Name of Additional Participant \_\_\_\_\_

Name of Additional Participant \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY PARTICIPANT BEFORE PARTICIPANT IS ALLOWED TO ENGAGE IN THE ABOVE REFERENCED ACTIVITY.

I/we, the undersigned, wish for my/our child(ren) to engage in the above referenced activity (hereinafter "Activity") on the date(s) and location(s) indicated above and, in consideration for my/our child(ren)'s engagement in Activity, I/we hereby agree as follows:



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I/we acknowledge, understand and appreciate that as part of my/our child(ern)'s engagement in the Activity, which includes my/our child(ern) being transported to and from the Activity location, there are dangers, hazards and inherent risks to which my/our child(ern) may be exposed, both known and

unknown, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss and have elected to permit my/our child(ern) to engage in the Activity. I/we voluntarily accept and assume all risk of injury, loss of life to my/our child(ern) or damage to my/our child's property arising out of engaging in and traveling to or from the Activity.

I/we, on behalf of myself/ourselves and my/our child(ern), hereby release the State of Ohio, Clark State College, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees, volunteers and agents (hereinafter "Clark State College") from any and all liability as to any right of action that may accrue to my/our child(ern)'s heirs or representatives for any injury or loss that my/our child(ern) may suffer while engaging in and/or traveling to or from the Activity. This agreement is binding on my/our heirs and assigns.

I/we, on behalf of myself/ourselves and my/our child(ern), furthermore release, indemnify and hold harmless Clark State College from and against any and all liability, claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, or death to my/our child or other harm, to my/our child(ern)'s person or property or both, arising from my/our child(ern)'s engagement in the Activity. I/we understand that Clark State College accepts no responsibility for my/our child(ern)'s personal property.

I/we certify to Clark State College that my/our child(ern) has no known medical problems or conditions that would prevent my/our child(ern) from engaging in the Activity. In the event of an accident or serious illness, I/we hereby authorize representatives of Clark State College to obtain medical treatment on my/our child(ern)'s behalf. I/we hereby hold harmless and agree to indemnify Clark State College from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I/we acknowledge that Clark State College does not provide health and accident coverage to my/our child(ern) and I/we attest that my/our child(ern) has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of any injury that my/our child(ern) may sustain. I/we further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my/our child(ern)'s person that may occur during my/our child(ern)'s engagement in the Activity.



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This RELEASE shall be governed by and construed under the laws of Ohio.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/we have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/we understand that I am/we are giving up substantial rights (including my/our right to sue), and acknowledge that I am/we are signing this document freely and voluntarily, and intend by my/our signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

My/our signature on this document is intended to bind not only myself/ourselves but also my/our successors, heirs, representatives, administrators, and assigns.

Participant Name \_\_\_\_\_

Additional Participant Name \_\_\_\_\_

Additional Participant Name \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Telephone Number: \_\_\_\_\_

**Return forms to:** 570 E Leffel Lane Springfield OH 45505 ATTN: College for Kids and Teens  
937.328.6079 | [cumminsm@clarkstate.edu](mailto:cumminsm@clarkstate.edu) or [collegeforkidsandteens@clarkstate.edu](mailto:collegeforkidsandteens@clarkstate.edu)