

THE
UNIVERSITY
OF RHODE ISLAND

DIVISION OF
ADMINISTRATION
AND FINANCE

THINK BIG  WE DO



RISK MANAGEMENT

210 Flagg Road, Suite 213, Kingston, RI 02881 USA p: 401.874.2591 f: 401.874.9101 web.uri.edu/businessservices/riskmanagement

ASSUMPTION OF RISK & RELEASE OF LIABILITY

Participant/Camper Name (please print): _____ Date _____

Hold Harmless Agreement & Release of Liability:

In consideration for my child's participation in this camp, I hereby understand that participation in this camp's activities involves the risk of personal discomfort and injury which may include muscle soreness, strains and sprains, as well as cardiovascular problems, potentially even permanent disability. I agree that use of equipment, facilities, and premises of the University of Rhode Island while participating in activities constitutes acceptance of that risk regardless of the nature of the injury.

I agree to indemnify, defend and hold harmless, the University of Rhode Island, Board of Governors for Higher Education, their Agents, Employees and the State of Rhode Island from and against any loss, liability or payment related in any way to any claim or demand of any person or entity for property damage or personal and bodily injury (including death) caused by any of its members, employees, participants, invitees and guests while participating in any Camp activities at the University.

RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to attend/participate in the event and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation.

I have read the above terms of the Hold Harmless & Release of Liability Agreement, and I understand that the rules and regulations of the Camp and the University of Rhode Island are designed for the safety and protection of campers and I hereby agree to abide by these rules and regulations. I consent for my child's participation in Camp acknowledging the foregoing risks and accept all risks to my child's health that may result from such participation.

I hereby acknowledge that I have read and fully understand the Hold Harmless Agreement & Release of Liability stated above.

Signature of Parent/Guardian: _____

Parent/Guardian Name (print): _____

Relationship to Minor Child: _____



AUTHORIZATION PERMISSION/RELEASE FORM

Participant/Camper Name (please print): _____

Parent/Legal Guardian Authorization/Permission/Release:

- 1. Camper Participation:** In consideration for my child's participation in the camp, I hereby acknowledge that he/she is in good physical and mental health and that unless we have notified the University in writing that the minor child is unable to participate in an activity due to some physical or mental consideration, the child will be allowed to participate in all aspects of the Camp.
- 2. Photograph/Video/CD's Release:** I hereby permit the University of Rhode Island to publish photographs, videotapes and/or CD's and other media for the purpose of promoting programs, which include the above named child. I hereby release all right, title, and interest I may have in said photograph/video/CDs.
- 3. Behavior Management:** The Camp has three basic rules that are easy to understand and follow: ***be safe, be kind, and participate.*** We want to foster responsibility, respect and accountability at Camp so our approach to discipline will reflect this goal. Any discipline will be: constructive in nature; using limits that are fair, consistently applied and understandable for your child's level; given in positively worded directions; redirecting your child to acceptable behavior; helping your child to constructively express his/her feelings and frustrations to resolve conflict. The Camp Director will communicate with the parent/legal guardian if deemed necessary. If a camper continuously displays inappropriate behavior or engages in dangerous activities, the University of Rhode Island's authorized personnel reserves the right to suspend any camper, at any time, without a refund.
- 4. Transportation:** I hereby permit the camp authorized personnel permission to transport my child by bus and/or by any other type of transportation to and/or from any off-campus activities, and/or by foot to locations on the University where additional camp activities may be held, and/or in an event of a medical emergency.

I certify as the Parent/Legal Guardian of the above-named camper, I have reviewed all regulations listed above and understand all the terms and conditions of the above and hereby consent and grant my permission to each and all the foregoing.

Parent/Legal Guardian Signature: _____ Date: _____

PARENTS/LEGAL GUARDIAN - YOUR SIGNATURE INDICATES
AUTHORIZATION / PERMISSION REGARDING ALL TERMS &
CONDITIONS LISTED ABOVE.



EMERGENCY CONTACT INFORMATION

The information on this form is gathered to assist us in identifying appropriate care for your child. Any changes to this form should be provided to URI prior to the participant's arrival in Camp. Please complete the information including the insurance information below so URI's authorized personnel can be aware of your requirements. ***Safety of your child(ren) is of the utmost importance.***

.....

Participant/Camper Name (please print): _____ Date: _____

DOB: _____ Current Age at Camp: _____

Home Address: _____

Custodial Parent/Legal Guardian Name (print): _____

Day time Phone: _____ Business Phone: _____

Home Address: _____

Business Address: _____

Second Parent/ Legal Guardian Name or Emergency Contact (print): _____

Home Address: _____

Day time Phone: _____ Business Phone: _____

Business Address: _____

Insurance Information

Name of Insurance Company: _____

Plan Name & Policy Number: _____

Primary Member Name: _____



HEALTH HISTORY FORMS

Participant/Camper Name (please print): _____

Name of Family Physician & Address: _____ Office Number: _____

Please indicate yes or no to the following questions:

YES

NO

- | | | |
|--|-----|-----|
| 1. Had a recent injury or infectious disease? | ___ | ___ |
| 2. Have frequent headaches? | ___ | ___ |
| 3. Ever been knocked unconscious? | ___ | ___ |
| 4. Wear glasses, contacts or protective eye wear? | ___ | ___ |
| 5. Ever had frequent ear infections or have ear tubes? | ___ | ___ |
| 6. Ever had seizures? | ___ | ___ |
| 7. Have an orthodontic appliance being brought to Camp? | ___ | ___ |
| 8. Have asthma or breathing disorders? | ___ | ___ |
| 9. Have an eating disorder? | ___ | ___ |
| 10. Does the participant have Epilepsy? | ___ | ___ |
| 11. Ever had emotional difficulties for which professional help was sought? | ___ | ___ |
| 12. Has the participant had a routine physical examination in the past twelve months? | ___ | ___ |
| 13. The participant is NOT current with all immunization shots? | ___ | ___ |
| 14. Please explain any "yes" answers, noting the question number: Attach additional paper if needed | | |
| 15. May Camp staff, apply sunscreen on your child? | | |
| 16. Use this space is to provide any additional information about the camper's behavioral, emotional, and/or mental health issues that URI's Camp authorized personnel should be aware of: | | |

17. PHYSICAL ACTIVITY RESTRICTIONS (i.e., what cannot be done, what adaptations or limitations are necessary):
Any restrictions: ___ NO ___ YES - please explain:

Participant/Camper Name (please print): _____

ALLERGIES (if applicable)

___ YES this camper has allergies (if yes, please list): -OR- ___ NO this camper does not have

Medication Allergies (please list): _____ Describe reaction & management of the

Food Allergies (please list): _____ Describe reaction & management of the

Other Allergies Including Insect Stings, Hay Fever, Animal Dander, etc. (please list and describe reaction & management of the reaction):

If camper requires medication for allergic reactions, please bring two (2) doses and
Parents/Legal Guardian must present information to URI's authorized personnel at

MEDICATIONS (if applicable)

Please list ALL medications taken routinely (including over-the-counter or non-prescription drugs). Bring enough medication to last the entire week of Camp. Keep it in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, dosage, the campers name and the frequency times of administration. I will provide written, signed authorization from the physician(s) for each medication. Attach additional pages for more medications if needed.

___ YES: this camper takes medication as follows: -OR- ___ NO: this camper does not take medication(s)

Med #1: _____ Dosage: _____

Specific times taken each day: _____ Reason for taking: _____

Med #2: _____ Dosage: _____

Specific times taken each day: _____ Reason for taking: _____

***** Please keep all medications in a zip lock plastic bag that is labeled (print) with the campers full name & age.**

CONSENT TO SECURE MEDICAL TREATMENT

IMPORTANT - This information must be complete and submitted to URI for attendance to the camp.

Participant/Camper Name (please print): _____

Consent to Secure Medical Treatment Authorization: I hereby give permission to have my child treated by the URI's authorized personnel, to provide appropriate health care, to their ability and level of training, administer prescribed medications (if authorized by a physician) and to perform and seek first-aid medical treatment. In the event that my child's behavior is felt to be unsafe or unmanageable, or if an illness or injury should arise in which a doctor's diagnosis is required, I authorize the Camp Director to dismiss my child early, in which case I will assume responsibility for arranging transportation for my child from the Camp at the time specified by the Camp management staff. In the event of an emergency requiring medical attention beyond first aid, I hereby grant permission to a physician or hospital personnel designed by URI authorized personnel to attend to my child in the event that I cannot be reached through my emergency contact phone number(s).

I agree to the release of any records necessary for insurance purposes. I give permission to URI's management staff to arrange necessary transportation for my child for emergency situations. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp management to secure and administer treatment and if necessary, hospitalization for the person named above. **I also understand that any and all expenses incurred by a medical emergency will be covered by myself and/or my insurance carrier, and will not be covered by the University of Rhode Island, Rhode Island Department of Education, their Agents, Employees and/or the State of Rhode Island.**

I acknowledge that the Emergency Contact Information, the Consent to Secure Medical Treatment Authorization and all Health History Forms for the Camper is correctly filled out to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Name (print): _____

Relationship to Minor Child: _____

PARENTS/LEGAL GUARDIAN - YOUR SIGNATURE INDICATES CONSENT TO PROVIDE HEALTH CARE, ADMINISTER PERSCRIBED MEDICATIONS AND SEEK EMERGENCY MEDICAL TREATMENT.



PICK-UP AUTHORIZATION FORM

I understand that a photo driver's license (or an equivalent photo) is required to pick-up my child. In the event of an emergency during a time when I cannot be reached, or if I (the Parent/Legal Guardian signing this form) cannot pick-up my child at the end of camp, I authorize the following people to sign-out my child upon presentation of a photo driver's license for identification. Safety of your child(ren) is of the utmost importance.

Parent/Legal Guardian Signature: _____ Date: _____

Participant/Camper Name (please print): _____ Date: _____

Note: Spouse and ex-spouse MUST be listed if you would like them to be able to pick-up your child.

Name: _____ Relation to Child: _____

Telephone home: (____) _____ work: (____) _____ cell: (____) _____

Name: _____ Relation to Child: _____

Telephone home: (____) _____ work: (____) _____ cell: (____) _____

Name: _____ Relation to Child: _____

Telephone home: (____) _____ work: (____) _____ cell: (____) _____

Name: _____ Relation to Child: _____

Telephone home: (____) _____ work: (____) _____ cell: (____) _____