

Heartland Horn Camp

July 22-25, 2024
Carroll, Iowa

Heartland Horn Camp Release and Medical Authorization Form

I hereby assume all risks of the Heartland Horn Camp Program including--property loss or damage, personal injury and death—resulting from any Program activity (including transportation). I understand and acknowledge that the Program activities may include some risk or danger to the student and/or property. I agree to release, indemnify, defend, hold harmless, discharge, and covenant not to sue the Heartland Horn Camp, Wayne Lu, employees, and all participants (collectively, the “Releasees”) in the Program from and against all liability, loss, damage, or cost, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage arising out of or related to the student's participation in the Program and Program activities, whether caused by the negligence or the Releasees or otherwise. I further agree that this Release and Medical Authorization shall be construed in accordance with the laws of the State of Iowa.

In the event of injury or illness, I give my consent for medical treatment, and permission to Program personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand each student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student's participation in the Program.

I certify that the student is physically capable of participating in the Program activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform Program activities. The Heartland Horn Camp reserves the right to deny anyone the opportunity to participate where a question exists regarding a student's physical capability to safely participate in any Program activity.

I HAVE CAREFULLY READ THIS ENTIRE RELEASE AND MEDICAL AUTHORIZATION, FULLY UNDERSTAND IT, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND BY IT.

Please print all information except parent/guardian signature, which is required if student is under 18 years of age. Registration will not be processed unless this form is completed with required signatures and returned with the application and appropriate payment.

Student Name: _____

Parent/Guardian Name: _____

Day phone: _____

Evening phone: _____

Family Physician: _____

Phone: _____

Medical Insurance Company: _____

Policy No: _____

Any serious medical conditions (e.g., asthma, epilepsy, diabetes):

Medications currently taking and for what conditions:

Medication: _____ Condition: _____

Medication: _____ Condition: _____

Medication: _____ Condition: _____

Allergies: _____

Parent/Guardian Signature: _____ Date: _____