

Carnegie Mellon University

ASSUMPTION OF RISK & GENERAL RELEASE

IF CAMP PARTICIPANT IS 18 YEARS OLD OR OLDER, PARTICIPANT MUST SIGN BELOW

I want to participate in the Carnegie Mellon 2012 _____ Camp (“Camp”). I’ve been examined by a physician and determined to be able to participate in Camp activities. I understand that Camp activities are physically strenuous and that there are hazards and risks, as well as benefits, associated with participation in the Camp. I voluntarily assume all the hazards and risks. In consideration of the benefits, I, on behalf of myself and those acting on my behalf, irrevocably and unconditionally release, waive, and promise not to sue Carnegie Mellon University (“Carnegie Mellon”) and those acting on its behalf, from/for any and all liabilities, losses, injuries, damages, claims, actions and/or causes of action arising from or connected with my participation in the Camp, including but not limited to, transportation and the securing of medical treatment. I give Carnegie Mellon permission to provide/secure medical treatment for me in a situation requiring medical treatment in Carnegie Mellon’s judgment.

I grant Carnegie Mellon (and/or those acting on its behalf) permission to photograph, videotape, or record my image, voice and/or name in connection with the Camp and to use the resulting materials publications, web sites, CDs, DVDs, and/or other media, for educational and promotional purposes. I hereby waive and release any rights that I may have in said materials.

The laws of Pennsylvania shall apply to this release. If any of its provisions are declared illegal, unenforceable, or ineffective, they shall be deemed severable, and all other provisions shall remain valid and binding. I’m an adult (18 years old or older), competent to sign this release. I’ve read it, understand its contents, and intend to be legally bound by it.

Signature	Date
PARTICIPANT NAME: _____	DATE OF BIRTH: _____
EMERGENCY CONTACT: Name: _____	INSURANCE: Insurance Company: _____
Relationship: _____	Policy/Group#: _____
Phone (w): _____	Primary Care Physician: _____
Phone (c): _____	Physician Phone: _____

ALLERGIES & MEDICATIONS – Please list current allergies and medications we should be aware of:
