



Accidental Injury, Personal Property Limitation & Acknowledgment of Risk

My child _____ (child's first & last name) has my permission to participate in camps conducted at Mt. Hood Community College.

I acknowledge that my child's participation in the following camps: Outdoor Adventure, Extreme Outdoor, Rock-climbing, Sports, Dance or Camp Central entails known and unanticipated risks and may involve trips in vehicles and off campus activities. I agree and promise to accept and assume all responsibility. My child's participation in activities is purely voluntary.

ACCIDENTAL INJURY

I understand that any cost for medical expenses incurred as a result of accidental injury while participating in any activity is not covered by any insurance policy of Mt. Hood Community College.

If you wish to provide yourself with coverage, you can call Insurance Benefits LLC at 1.800.644.5165.

PERSONAL PROPERTY

I understand that the college shall not be liable for loss, theft, or damage of any personal property, which may be brought off campus.

I understand MHCC Camp Central retains the right to use for publicity and advertising purposes, any photographs of camp participants.

ACKNOWLEDGEMENT

By signing this document, I acknowledge that I have read and understand this entire document, and agree to be bound by its terms.

Parent/guardian (signature) Date

Parent/guardian (please print) Date

Medical/Emergency Information

Date: _____

Campers Full Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Other Persons: (list all other persons who may pick up your child or be contacted in an emergency).

1. _____ (primary) Phone #: _____

2. _____ (alternate) Phone #: _____

3. _____ (alternate) Phone #: _____

Allergies (please list all): _____

Medications (please see camp instructor/director regarding medications to be given during camp hours):

Restricting Conditions: _____

Primary Physician or Doctor: _____ Phone #: _____

Other:

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