

**2024 WINGATE END OF SUMMER SHOWCASE  
MEDICAL CONSENT AND TREATMENT RELEASE**

Camper Name: \_\_\_\_\_  
Check one of the following and sign below.

\_\_\_\_\_ In the event of illness or injury, I understand that every attempt will be made to treat my child's injury or illness by the camp medical staff. In the event of an emergency, I hereby grant my consent for medical treatments and permission for the attending physician or appropriate medical personnel selected by the Camp, to hospitalize, secure proper treatment and/or injections, anesthesia, or surgery for, and to take any other medical actions necessary to treat my child. I will be responsible for any medical, or other, charges connected with my (son's or daughter's) attendance at camp and acknowledge that Camp will contact me at the numbers I provide below if such measures are taken.

\_\_\_\_\_ I do not want any type of medical treatment provided to my child.

Print Parent/Guardian Name    Parent/Guardian Signature    Date  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS, ALLERGIES, and MEDICAL HISTORY**

1. What medication(s), if any, is the camp participant presently taking? Please give details.  
\_\_\_\_\_

2. Will the camp participant bring this medication to the camp? YES NO  
If yes, will the camp participant need assistance when taking medication? YES NO  
If so, what type of assistance? \_\_\_\_\_

3. Is the camp participant allergic to any drugs, bee stings, foods, etc.? YES NO  
If yes, please specify: \_\_\_\_\_

4. Is there any physical restrictions placed upon this camp participant? YES NO  
If yes, please specify: \_\_\_\_\_

By signing, I agree that the above information is true and correct.

Parent/Guardian Signature \_\_\_\_\_

I understand that the provision of my/my child's insurance policy information is strictly optional. This information is being requested strictly for the purpose of providing this information to medical providers who may request/require this information incident to the provisions of medical services to me my child.

**MEDICAL INSURANCE INFORMATION (optional)**

Insurance Company Name \_\_\_\_\_  
Insurance Company Phone # \_\_\_\_\_  
Policy Number \_\_\_\_\_ Plan \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ Camper Date of Birth: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

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

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_

If Wingate Sports Medicine is unable to contact the above mentioned person, whom should be contacted next:

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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**UNCONDITIONAL AND FULL GENERAL RELEASE AND COVENANT NOT TO SUE**

**PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU AND/OR YOUR CHILD MAY HAVE IF YOU AND/OR YOUR CHILD IS INJURED OR OTHERWISE SUFFERS DAMAGES PARTICIPATING IN THE CAMP.**

In return for Wingate University allowing me/my child ("Participant") to participate in the Wingate Basketball Team Camp and other good and valuable consideration, I agree, and state, on behalf of myself, my heirs, assigns, executors and others, as follows:

1. I state and affirm that I am the Participant/Participant's Parent/ Guardian, and am fully competent to read and sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant (if I am signing on behalf of my child), and for my/Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

2. That I understand that I/Participant am/is participating in the Camp freely and voluntarily and the Camp is not required by Wingate University. I acknowledge that my/Participant's participation in the Camp is a privilege and that this privilege is a tangible benefit to me/Participant.

3. I/Participant am/is familiar with and will obey, any and all of the rules established for the Camp.

4. I/Participant and I understand and appreciate the inherent risks and dangers of participating in the Camp that could result in property damage and/or personal injury, including aggravation of pre-existing health conditions, including, but not limited to heart-related conditions, or death; and I/Participant and I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my/Participant's participation in this Camp.

5. That I/Participant and I WILL HOLD HARMLESS AND INDEMNIFY WINGATE UNIVERSITY and its officials, administrators, employees and all sponsors and individuals assisting in the Camp, for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my/Participant's participation in this Camp.

6. I agree to assume all risks and costs related with my/Participant's participation in this Camp.

7. That in the event that I/Participant am/is rendered unable to communicate due to illness, accident, or emergency while participating in the Camp, I hereby give permission to a Physician selected by the Camp's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/Participant.

8. That I have read and understand this "Unconditional and Full General Release and Covenant Not To Sue."

**X** \_\_\_\_\_  
Signature of Parent or Guardian    Date

NAME \_\_\_\_\_  
Print Parent/Guardian Name

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_