

MEDICAL AUTHORIZATION/RELEASE FORM

I, the undersigned, as the parent or legal guardian of the child listed on this form, give permission for _____ (**participant's name**) to participate in the **PHDs 4 Girls: Construction Day Camp**, and hereby assume full responsibility for all risk of injury which may result from my child's participation in this activity. I hereby hold harmless the University of Nebraska-Lincoln, its employees and agents, from any and all claims, demands, injuries, damages, actions, or causes of actions which could arise from said participation.

In case of emergency and I cannot be reached, I authorize the staff of the University of Nebraska-Lincoln, to take whatever actions they deem necessary for the welfare of my child listed on this form. I further understand and agree that I will be financially responsible for all charges and fees.

Conditions of Enrollment: I have read, understand, and agree to the terms and conditions as written on this Medical Authorization Form as they relate to _____ (**participant's name**).

I understand that health coverage for my child is my responsibility.

Emergency Contact Name

Emergency Contact Phone Number

Medical Insurance Company

Medical Insurance ID or Group #

Parent/Guardian Printed Name

Parent/Guardian Signature

Date