



The
Columbus
Chess
Academy

Summer Camp

Emergency Medical Authorization and *Release of Liability*

Student Participant/Counselor: _____

School: _____ **District:** _____

Grade Just Completed: _____ **Birthday:** ____/____/____

T-Shirt Size (Circle One):

Child: S M L XL **Adult:** S M L XL XXL XXXL

Chess Level (Check one): ____ **Beginner (do not know how the pieces move)**

____ **Intermediate (know how the pieces move)**

____ **Advanced (have play in tournaments)**

Parent(s)/ guardian 1: _____

Cell Number 1: (____) _____

Alternate Number 1: (____) _____

Parent(s)/ guardian 2: _____

Cell Number 2: (____) _____

Alternate Number 2: (____) _____

Address:

City _____ **State:** _____ **Zip Code** _____

E-mail address: _____

Emergency Contact (Not a Parent/Guardian):

Name: _____ Phone Number:(_____) _____

PART I:

TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone: () _____

Dentist: _____ Phone: () _____

Medical Specialist _____ Phone: () _____

Other _____ Phone: () _____

Local Hospital _____ Phone: () _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by abovenamed doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring for such surgery, are obtained prior to the performance of such surgery.

Physician/Clinic:

Physician/Clinic Address:

City _____ State: Ohio Zip Code _____

Home Telephone: () _____

Health Insurance Provider: _____

Health Insurance Member #: _____

TO GRANT CONSENT (Continued)

Medical History

List *any* medications or prescriptions the participant has taken prior to or will take during the seminar.

- 1.
- 2.
- 3.

List all allergies and any special precautions and treatment indicated for these allergies.

- 1.
- 2.
- 3.

List any physical impairments, chronic physical problem and/or history of hospitalization.

- 1.
- 2.
- 3.

Dietary Restrictions

List all dietary restrictions

- 1.
- 2.
- 3.

Comments:

Signature of participant's custodial parent, legal guardian or legal custodian

Date

Release of Liability

I certify that _____ is in good physical and mental health, and has never been declared medically ineligible from athletic or scholastic competition.

I further certify that _____ has no pre-existing injuries or medical conditions, including but not limited to: exercise-induced asthma, cardiac or pulmonary (lung) disease, abnormal organ deficiencies, or head, neck or back injuries that may limit participation in Columbus Chess Academy Summer Camp.

I understand that participating in Columbus Chess Academy Summer Camp activities requires assumption and acceptance of risk. With my signature, I hereby release and forever discharge, on behalf of the participant, myself, and the participant's family members, Columbus Chess Academy Summer Camp, its employees, officers, trustees, volunteers, sponsors, affiliated programs, agents, representatives and successors and assigns from any and all liability, claims, suits, actions or damages arising from participant's involvement in activities associated with the chess club.

I grant full permission to publicize the name of the participant, and to use and publicize the participant's photograph on websites, news media, videotapes, publications, motion pictures, recordings and other records of program events and activities.

I have read and fully understand and agree to the terms of this Release. I hereby certify that I am _____'s custodial parent, legal guardian or legal custodian, and that I am fully authorized to sign this Release.

Signature of participant's custodial parent, legal guardian or legal custodian

Date

Media Release

_____ I grant full permission to publicize the name of the participant and to use and publicize the participant's photograph on websites, news media, videotapes, publications, motion pictures, recordings and other records of program events and activities.

_____ I DO NOT grant permission to publicize the name of the participant or publicize the participant's photograph on websites, news media, videotapes, publications, motion pictures, recordings and other records of program events and activities.

Signature of participant's custodial parent, legal guardian or legal custodian

Date