



**INFORMED CONSENT, RELEASE AND  
MEDICAL AUTHORIZATION FOR A MINOR**

I voluntarily desire to have my minor child participate in The University of Akron’s 2025 summer camp program. I understand that my child will be participating in many types of outdoor and indoor physical and other activities while at summer camp.

I am aware of the risks and hazards that may arise through participation in this summer camp, and that there may also be unknown risks and hazards. I am aware and accept that these risks and hazards may cause injury or illness to my child’s person or damage or destruction to their property. I also understand that there is an inherent risk of exposure to contagious diseases in public places such as The University of Akron, such as exposure to COVID-19.

In consideration of my child being permitted to participate in this summer camp and of the agreement contained in this release, I for myself and on behalf of my child agree as follows:

I and my child voluntarily assume all risk of accident, injury or damage to my child or their property. I, on behalf of myself and my child, hereby release, waive, discharge, and hold harmless The University of Akron, its Board of Trustees, officers, employees, agents, representatives and volunteers from every claim, liability or demand of any kind arising out of or related to their participation in The University of Akron’s summer camp. This includes, but is not limited to, loss of personal property, sickness and injury from whatever source, legal entanglement, imprisonment, death, loss of money or otherwise, while preparing for, participating in, or traveling for the summer camp.

I declare that my child has no physical disability or other health, physical, mental, or emotional conditions that would prevent my child from participating in this summer camp. I understand that The University of Akron retains the discretion to prevent my child from participating in any or all activities in connection with this summer camp when it is determined that my child’s safety or the safety of others will be adversely affected. I understand that, if my child has allergies or conditions of which camp staff should be aware, or they will need to take medication while at camp, it is my responsibility to complete and submit a *Medical Information and Authorization to Dispense Medication* form to The University of Akron in advance of the start of summer camp.

I, on behalf of myself and my child, consent to the reasonable discretion of The University of Akron staff, and authorize the administration of emergency first aid care and treatment, the administration of any treatment deemed necessary by medical personnel, and the transfer to any



hospital or other treatment center reasonably accessible. I agree to hold The University of Akron and its Board of Trustees, officers, employees, representatives, agents, and volunteers harmless from any costs, expenses, liability, actions, causes of action and the like resulting from their medical treatment, and that I will be responsible for all such costs and expenses.

I understand that the participants of this summer camp will provide their own transportation to and from The University of Akron’s campus.

I understand and agree that my child is personally responsible for expenditures while at summer camp including, but not limited to, meals and other personal miscellaneous expenses that my child may incur during camp and that The University of Akron is not responsible for providing any of the same.

By signing this release, I hereby acknowledge and represent that I am 18 years of age and that I have read and fully understand the terms and conditions herein. This release binds any of my and my child’s heirs, administrators, and executors.

\_\_\_\_\_  
Child’s Name (Printed)

\_\_\_\_\_  
Parent or Guardian’s Name (Printed)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent or Guardian’s Signature

\_\_\_\_\_  
Emergency Contact Name and Number

\_\_\_\_\_  
Relationship to Child

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