MEDICAL/INSURANCE RELEASES

In accordance with the rules of In-Vision, I hereby give my consent for ____________________________ (applicant) to participate in the recreational and instructional activities that are a part of the camp/workshop. The undersigned applicant and parent/guardian understand that the applicant will be engaging in physical and craft-making activity during the program which contains an inherent risk of physical injury and the undersigned assumes the risk, indemnifies, and releases Mississippi State University, its officers, directors, agents and employees from any and all liability for personal injury and property damage arising out of the applicant’s participation in the Camp program. If at any time it is necessary for the applicant to receive outside or professional medical attention, we hereby give our consent to the Camp staff and applicant’s advisor to select and secure such medical services as are deemed necessary or desirable and to secure whatever transportation is deemed necessary. I understand that while at camp, the applicant is eligible to use the Mississippi State University Health Center on campus. I also understand that there is a fee for these medical services. I authorize the release of any medical or other information necessary to process any insurance claim. I authorize payment of medical benefits to the supplier of medical services. I accept responsibility for charges not covered by insurance.

CAMPER ____________________________________________________________
(please print)

PARENT/GUARDIAN ____________________________________________________________
(please print)

__________________________________________
(signature) (date)
CAMPER INFORMATION

Camper: ____________________________________________________________    Room # __________
          Last                   First                   Middle

Home Address: _____________________________________________________     Hall _____________
               Street Number
               ___________________________________________________
               City                                          State                                              Zip Code

Home Phone: ____________________ Mobile Phone: ____________________    Counselor ________

Emergency Contact: _______________________________________________________
          Name                                                                                                   Phone
          __________________________________________________________
          Address                                                                                             Relationship to Camper

HEALTH INFORMATION

Date of Last Tetanus Shot: _______________________________________________________________

Significant Health Problems: _____________________________________________________________

Food Allergies: ___________________________________________________________________________

Drug Allergies: ___________________________________________________________________________

Current Medications: ____________________________________________________________________

HEALTH INSURANCE

Insurance Company: _____________________________________________________________________

Mailing Address: _________________________________________________________________________
               Street                                                                                                  City                                     State                         Zip Code

Phone #: _______________________ Policy #: ___________________________ Group #: ___________

Insured’s Name: _________________________________ Relationship to Applicant: ____________
SUMMER PROGRAM WEB SITE (posting images on the web)

In accordance with the rules of the In-Vision program, I hereby give my consent for___________________________
(student/camper) to participate in the In-Vision program events that, among other things, will include photo
documentation and web posting of student work and the students while engaging in the work, as well as some
other events. Names or personal information will not be posted. The intent of the posting of images enables parents
to see the workshop and events from a distance - - - and virtually ‘keep up’ with the calendar of events; as well,
this posting documents the experience for the attendees and for future campers.

I, as parent or guardian of the above named student, assume the risk, indemnify, and release Mississippi State
University, its officers, directors, agents and employees from any and all liability for personal injury and property
damage arising out posting images on the official In-Vision website for the duration of the workshop.

CAMPER ________________________________

(please print)

PARENT/GUARDIAN ________________________________

(please print)

__________________________   ____________________

(signature)         (date)