

Minor Code of Conduct

Participant Name: _____

Parent/Guardian Name: _____

Program Name: _____

This Code of Conduct is to ensure the safety and well-being of all participants in programming hosted at or by the University of Georgia. It applies to all participants including minors, their parents, and volunteers.

Requirements:

- Respect and adhere to Camp rules and guidelines including all those specific to this event or activity.
- Follow all instructions and directives given by Camp Staff.
- Act in a courteous manner and treat participants, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey local, state and federal laws.

Participants who fail to adhere to this Code of Conduct are subject to a range of disciplinary actions. When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all participants. Failing to adhere to this Code of Conduct may subject participants to disciplinary action, up to and including removal from the Camp and future Camps offered at the University of Georgia.

PARENT/GUARDIAN & PARTICIPANT ACKNOWLEDGEMENT AND AGREEMENT

I have reviewed this Code of Conduct and agree to abide by all of its terms. I understand that an infraction of the above requirements may result in immediate dismissal from the Camp and return home at my own personal expense or my parent/guardian's expense. The decision for disciplinary action is at the sole discretion of the Camp Director.

Participant's Signature

Date

I have reviewed and understand this Code of Conduct, and agree to ensure that my child will adhere to its requirements. Furthermore, I understand and agree that should it become necessary to dismiss my child from the Camp, I will be liable for transportation costs to send my child home. I understand that Camp Staff will make every effort to contact me should dismissal occur.

Parent/Guardian Signature

Date

Participation Agreement and Waiver Form

PROGRAM INFORMATION

Program Name _____

Date(s) _____

Location _____

PARTICIPANT INFORMATION

Name _____

Address (include
city/state/zip) _____

Phone _____

Date of Birth _____

Gender _____

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

The Participant, (Name) _____, and the parent or legal guardian of the Participant, (Name) _____, in consideration of the sponsorship of the UNIVERSITY OF GEORGIA (UGA), the consideration paid by us for, and the right to participate in, the event or program described as **Chris Haack Golf Camp** do hereby agree to the following relating to the Program.

I hereby acknowledge my awareness that participation in the Program may expose me/my child(ren) to risk of property damage, bodily or personal injury. Participation could include certain physical activities such as swinging golf club. I understand that the risks that I/my child may encounter include, but are not limited to transportation accidents, injury from falls, injury in inclement weather, bumps, bruises, cuts and abrasions, muscle strains and sprains which may cause death, as well as other risks that may not be foreseeable. I knowingly and freely assume any and all such risks and voluntarily participate in the Program.

In exchange for being allowed to participate in the Program, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in the Program.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Photo and Media Release

I, hereby give UGA the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and voice in which I/my child may be included in the whole or in part, developed during participation in the Camp and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever.

I understand and agree that my/my child's image will become part of the University of Georgia's photograph file and that it may be distributed to other organizations or individuals for use in publications. I also understand that I will receive no compensation in connection with the use of my/ my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to waive the University of Georgia, and the Board of Regents of the University System of Georgia, their licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof.

Please indicate your agreement to the foregoing by signing below:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Medical Treatment Authorization Form

Disclosure of health conditions is voluntary, but having information about pre-existing health conditions will enable Program Staff to obtain proper medical assistance in the case of an accident or illness.

Participant Name:	Date of Birth:
Address:	City, State, Zip:
Physician:	Physician's Phone:
Medical Insurer:	Policy Number:
Allergies (foods, insects, plants, etc.):	

Does your child have any medical conditions that you or your doctor feel may limit Program participation or of which Program Staff should be aware?

Does your child need any accommodations to safely participate in the Program?

Is your child taking any medications that must be administered during the Program? If yes, please complete the Medications Information Form attached to this packet.

Yes No

AUTHORIZATION FOR MEDICAL CARE

To the best of my knowledge, my child is capable of participating safely in the Camp and that any activity restrictions, allergies, medications are listed on this form.

I understand that whenever possible, Camp Staff will make a good faith effort to contact me before seeking treatment. If this is not possible, I understand that Camp Staff will notify me or my emergency contact as soon as possible of any and all diagnoses and treatments.

I hereby authorize Camp Staff to administer general first aid treatment for any minor injuries or illnesses experienced by my child. If the injury or illness is life threatening or in need of emergency treatment, I authorize Program Staff to seek medical treatment as they deem necessary at a local medical center or health care facility while my child is attending the Program. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary or advisable by a licensed health care provider. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, and that it is given to provide Camp Staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary.

All medical or health care (emergency or otherwise) that my child receives during the Camp will be at my own expense. I understand that UGA does not provide insurance and it is not the responsibility of UGA to file insurance claims.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

List at least two and up to four individuals who may be contacted in case of emergency involving your child. Each person listed should be reachable by telephone and able to make decisions on behalf of your child if a parent and legal guardian cannot be reached. Emergency contacts are permitted to and should be able to come to the Program site and pick up your child if needed.

Name 1: _____ Relation: _____

Cell Phone: _____ Work Phone: _____

Name 2: _____ Relation: _____

Cell Phone: _____ Work Phone: _____

Name 3: _____ Relation: _____

Cell Phone: _____ Work Phone: _____

Name 4: _____ Relation: _____

Cell Phone: _____ Work Phone: _____

PICK UP AUTHORIZATION

Program: _____

Participant: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Please fill out either Section I or Section II.

SECTION I

In addition to myself, the individuals listed below are hereby authorized to pick up my child from the Program. I understand my child **WILL NOT** be permitted to leave the Program with anyone who is not listed below. Authorized persons may be requested to show identification to Program Staff. My child **WILL NOT** be released to individuals who fail to provide acceptable identification upon request.

AUTHORIZED PERSON	PHONE NUMBER	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

SECTION II

I hereby give permission for my child to drive himself/herself. My child has a valid driver's license and auto liability insurance. I understand that keys may be collected by Program Staff, and that my child will not be permitted to drive during the Program.

Parent/Guardian Signature: _____ Date: _____

Transportation Release

I grant my child permission to utilize transportation provided by the Camp.

I do NOT grant my child permission to utilize transportation provided by the Camp.

1. UGA has offered to provide participants' transportation from ___[starting destination]___ to ___[end destination]___ (the Trip).
2. I understand that UGA has no obligation to provide my child with transportation, and that I may choose to arrange for my own transportation.
3. I understand that certain risks are inherent in travel and I fully accept those risks. These risks may include, but are not limited to, such things as incidents related to transportation; driver error; adverse weather conditions; theft and/or other criminal activity; other physical, mental, and emotional injury; and other risks and dangers whether known or unknown nor reasonably foreseeable.
4. I understand that the decision to allow my child to travel with UGA is entirely voluntary. I fully understand the potential risks associated with the Trip, and I agree to assume the risks of my child's participation in the Trip, including the risk of catastrophic injury or death.
5. I understand and agree that UGA does not provide insurance to cover medical expenses for injuries that may be sustained by my child or for damage to personal property.
6. **In exchange for my child being allowed to participate in the camp, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my child's participation in the camp.**
7. **I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against the University of Georgia, the Board of Regents of the University System of Georgia, its members individually, and their officers, agents, and employees for any claim for damages arising or growing out of my child's participation in this activity whether caused by negligence or otherwise.**
8. I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

PARENT OR GUARDIAN OF CAMPER

This form must be returned prior to camp

Accident/Medical coverage for this summer's camp program will be provided on an EXCESS OR SECONDARY BASIS. This means that all claims for medical expenses as a result of injuries incurred during camp MUST be sent to the injured child's parent for filing with THEIR OWN insurance carrier FIRST. The injured must seek medical attention within 90 days of injury for our coverage to be valid. The camp policy will pay for those expenses not paid for under the parent's coverage or if the parent does not have coverage, subject to the camp policy coverage limits, terms, conditions and exclusions.

The Excess Accident/Medical Coverage on all campers is:

1. \$25,000.00 Maximum Medical Expense Benefit
2. \$ 5,000.00 Accidental Death and Dismemberment Benefit
3. \$ 100.00 Deductible Amount

Claim Submission Guidelines:

1. Since the policy contains an EXCESS MEDICAL EXPENSE BENEFIT, YOU MUST FIRST FILE THE CLAIM WITH OTHER PLANS.
2. Written proof of the claim should be given within 90 days after the injury to the claim camp owner /coordinator to insure coverage.

I, the Parent/Guardian, understand the benefits, guidelines and the limitations of the medical expense plan.

Signature (Parent or Guardian)

Date

THIS SECTION MUST BE SIGNED BY A PHYSICIAN (or attach a copy of your child's physical which has been administered within the past year)

_____ has been examined by me and he/she is physically fit to participate in the Chris Haack Golf Camp held at the University of Georgia.

Physician's Signature

