



*Office of Administration*  
601 South Church Street  
Winston-Salem, North Carolina 27101  
336/721-2852 Fax: 336/721-2832

**FULL RELEASE AND PROMISE NOT TO SUE  
SALEM ACADEMY & COLLEGE  
AND ITS REPRESENTATIVES FOR NEGLIGENCE**

**SUMMER CAMPS FOR MINORS**

Participation in the activities and programs offered by Salem Academy & College ("Salem") may involve substantial risk of bodily injury, property damage, and other dangers. Salem cannot ensure that participation in all programs and activities is free from risk.

**Waiver:** In consideration of participating in an activity described as follows [include dates involved]: \_\_\_\_\_

\_\_\_\_\_  
(hereinafter called "Activity"), **I hereby release, waive, discharge, and covenant not to sue Salem, its officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity, including travel to and from the Activity.** The participant must comply with all instructions and directions of Salem officials and staff before, during, and after participation in the Activity.

**Assumption of Risks:** Participation in the Activity is voluntary and includes certain inherent risks that cannot be eliminated. The specific risks vary from one activity to another, but the risks range from minor to catastrophic and may include everything from bruises and sprains to paralysis and death. I am solely responsible for payment of any costs related to injury or illness sustained through or related to the minor's participation in the Activity.

**Indemnity Agreement:** I agree to indemnify and hold Salem harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities including attorney's fees brought as a result of the minor's involvement in the Activity and to reimburse Salem for any such expenses incurred.

**Health Insurance.** I agree that the minor will be covered throughout the Activity by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses the minor sustains during the Activity.

**Consent to Treat:** I authorize Salem to evaluate and treat any injuries, illnesses, or medical conditions that occur during the minor's participation in activities at Salem. This includes, but is not limited to, immediate first aid, medication, treatment, and physical exams. I also authorize Salem staff to secure emergency medical treatment for the minor if necessary, and authorize any hospital or attending medical personnel to render emergency medical treatment should it be necessary.

**Media.** I agree that any photographs or videos taken of the minor during participation in the Activity at Salem may be used in any Salem publications.

**Severability:** I agree that the foregoing waiver and assumption of risk is intended to be as broad and inclusive as is permitted by North Carolina state law, and that if any portion of this agreement is held invalid, it is agreed that the remainder of the agreement shall continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, and fully understand its terms. I may have an attorney review this document before I sign it. I understand that I am giving up substantial rights, including my right to sue, and agree that this agreement binds my heirs, executors, administrators and assigns as well as me. I have read the previous paragraphs and I know, understand, and appreciate the risks in participating in the Activity. The minor's participation is voluntary and I knowingly assume all such risks. I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I have carefully read and understand the terms of agreement, and agree to be bound by it.

\_\_\_\_\_  
Printed Name of Minor Participant

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Date

**YOU MUST COMPLETE THE FOLLOWING INFORMATION**  
**Please print.**

Participant's Name: \_\_\_\_\_

**Emergency contact.** The emergency contact person should be someone who has legal authority to make a decision for the participant in the event of an emergency.

In Case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

**Health Insurance:** \_\_\_\_\_

Health Insurance Company Name

Health Insurance Phone Number

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Policy Number

**Immunizations:** Each participant must be immunized against Polio, measles, rubella, diphtheria, whooping cough, and tetanus. Please circle YES or NO to indicate the participant has all required immunizations.

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medications:** List of medications regularly taken by participant: \_\_\_\_\_

\_\_\_\_\_

**Allergies:** Does the participant have any allergies including, but not limited to, bee stings, nuts, or medications? If so, list the allergy, type of reaction, and treatment given: \_\_\_\_\_

\_\_\_\_\_

**Other:** Does the participant have any other physical or mental limitations that may impact him/her during the activities at Salem? \_\_\_\_\_

\_\_\_\_\_

Adopted January 2016