
Release/ Medical /Insurance Form

Name of Camper _____ Name of Camp _____
Birth Date _____ Age _____ Social Security Number _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone _____
Parent/Guardian Name _____ Parent(s) Work Phone _____
Emergency contact other than parent _____

Medical Information

Allergies _____
Medical conditions _____
Medications _____

Insurance Information (Include/Attach Copy of Insurance Card)

Parent's Insurance Company _____
Insurance Policy Number _____
Address of Insurance Company _____

The Chattanooga Wrestling Camps staff strongly recommends that each participant have a physical exam by a physician before participating in the camp. A parent or guardian must sign this form for the camper to participate in camp activities. By signing at the bottom of this document, each parent or guardian is agreeing to the following statements.

1. _____ is physically able to participate in the rigorous physical schedule of the
(Name of camper)
Chattanooga Wrestling Camps.
2. This is to certify that, if required, medical personnel contracted by Chattanooga Wrestling Camps have my permission to administer medical treatment, including referral to physicians and local hospitals, as they deem appropriate, to _____.
(Name of Camper)

In the event of injury, every effort will be made to immediately contact the parent or guardian listed above. In order to facilitate any needed emergency treatment, the parent or guardian must sign the medical release below.

The Chattanooga Wrestling Camps will be providing a **primary insurance policy** for your son/daughter while attending the camp. This policy covers the first \$25,000 of medical claims relating to injuries incurred while attending the Chattanooga Wrestling Camps. Claims in excess of \$25,000 will be subject to the camper's personal health insurance coverage. If the camper has no health insurance coverage, the Chattanooga Wrestling Camps insurance policy will serve as primary coverage up to the policy limit. Please note that due to the Heath Care Reform Act, illnesses acquired at camp cannot be covered under the Chattanooga Wrestling Camps Insurance Policy. Contact the UTC Office of Safety & Risk Management at (423) 425-5209 for any questions about this policy.

The Chattanooga Wrestling Camps will use the University of Tennessee at Chattanooga campus and/or its contracted facilities as the venue(s) for all camp activities.

I have read the above and understand the limits of insurance coverage, medical release, and treatment release associated with the Chattanooga Wrestling Camps. I indemnify and hold harmless The University of Tennessee at Chattanooga, its officers, agents, employees and contracted camp employees against any and all claims arising from any and all liability for personal injury or property damage arising from participation, negligence or fault of the Chattanooga Wrestling Camps during its use of said facilities for camp purposes.

PARENT'S SIGNATURE _____ DATE _____