

# Health Care Information

## Primary Care Physician

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Health Insurance Information

Policy Holder Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Group Number \_\_\_\_\_

*Please list any allergies to drugs, foods, plants, insects, and special dietary needs/restrictions:*

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*Please list any prescription medication (and dosage information) to be taken by the participant (if applicable, please discuss administration of medication with Freshman Retreat staff upon arrival):*

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*Please list any medical conditions relevant to participating in retreat activities (surgeries; serious injuries; chronic or recurring illness; conditions such as epilepsy or diabetes; mental illness, etc.) and/or any physical mobility limitations:*

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**PLEASE PROVIDE A COPY OF INSURANCE CARD UPON ARRIVAL TO CATAWBA FRESHMAN RETREAT**

# Release and Consent Form

**If the Participant is under the age of 18, a parent/guardian must sign this document and their signature below demonstrates that they have read and hereby consents to allow Participant to participate in the activities of the Catawba Freshman Retreat.**

I, \_\_\_\_\_ ("Participant"), consent to attending the Catawba Freshman Retreat to be held at the Black Lake Retreat Center, organized by Catawba College, from \_\_\_\_\_ to \_\_\_\_\_, 2019. Accordingly, I agree to the following:

- 1. Behavior.** *The Catawba Freshman Retreat is designed for participants to bond and prepare for the upcoming transition into campus life at Catawba College. Pursuant to that goal, the staff at the Catawba Freshman Retreat expect participants to respect staff members, to follow camp rules and procedures (to be overviewed on the first day), to respect the property of Black Lake Retreat Center, and to value all other participants.*
- 2. Transportation.** *If field trips are part of the Catawba Freshman Retreat, then they will encompass off campus activities. Field trips may include, but are not limited to, swimming, canoeing, kayaking, hiking, and/or ropes courses as well as transportation to and from those sites. I consent to transportation to and from any activities and I understand that staff will exercise reasonable care during field trips.*
- 3. Emergency Care.** I understand that Catawba Freshman Retreat staff are not licensed medical professionals, but that they will make their best efforts to provide reasonable first aid care in the event of a minor injury, such as a small cut or scrape, and I authorize them to do so. However, in the event of a more serious accident or illness during the retreat that needs immediate treatment, I agree to receiving first aid & medical treatment from qualified practitioners, including life-saving treatments, as may be considered necessary by a licensed medical provider. I authorize any necessary transportation (without notice to parent/guardian, if not practical), by ambulance if necessary, to the nearest available medical facility. I understand the extent & limitations of my medical insurance and that it is primary, unless otherwise specified. I will inform the staff immediately if there is any change in medical circumstances (including changes to insurance coverage) from the date signed below through the conclusion of Freshman Retreats. In the event of an emergency, a staff member will contact the parent/guardian and/or the emergency contact as soon as is reasonably possible.
- 4. Image Release.** Catawba Freshman Retreat staff will be taking photographs throughout the retreat. I hereby give consent to Catawba College to use my image and likeness in its promotional publications, advertising, videos or other media activities (including the Internet). Further, I acknowledge that I will not receive compensation for such uses.
- 5. Technology Policy.** I acknowledge that Participant assumes the risk of theft or loss for any electronic device(s), including cell phones, that Participant elects to bring to Freshman Retreats and under no circumstances will Freshman Retreat staff be held liable for damage to electronic devices. Further, I agree to respect any rules that Catawba Freshman Retreat staff set regarding times or appropriate uses of electronic devices.
- 6. Liability Limitation.** Parent/Guardian and/or Participant hereby releases and agrees to hold harmless, Catawba College and Black Lake Retreat Center, or any of their respective affiliated entities, from any and all liability for any harm or damages incurred by Participant arising out of the Freshman Retreat program. Any legal dispute arising out of the Freshman Retreat Program will be governed by the laws of North Carolina and all parties hereto consent to the exclusive jurisdiction of Rowan County, North Carolina to resolve any such matter.

BY SIGNING BELOW YOU ARE AGREEING TO THE TERMS STATED HEREIN AND ACKNOWLEDGING THAT ALL INFORMATION PROVIDED ON THE ABOVE REGISTRATION AND HEALTH PROVIDER INFORMATION FORMS IS ACCURATE.

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*Signature of Participant*

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*Signature of Parent/Guardian (required if under 18)*

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*Print name of Participant*

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*Date*