



**College of Health Sciences**

## **2026 HELP Camp**

### **Teacher Registration Packet Checklist**

- Health Form
- Photo Release
- Code of Conduct
- Waiver of Liability
- Lunch and T- Shirt Selection



## HEALTH FORM

Name: \_\_\_\_\_  
Last First Middle Initial

Address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

In case of an emergency, notify:

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Health History:** (Check, giving approximate dates)

Allergies: \_\_\_\_\_

Current Medications:

Name	Dosage	Frequency	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last Tetanus Shot: \_\_\_\_\_

Operation or Serious Injuries (and dates):

\_\_\_\_\_  
\_\_\_\_\_



Chronic Recurring Illnesses or Injuries (and dates):

\_\_\_\_\_  
\_\_\_\_\_  
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**Medical Insurance Information**

This section must be completed before the minor will be allowed to participate in activities.

Insurance Company: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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**THIS SECTION IS TO BE COMPLETED ONLY FOR THOSE WHO DO NOT HAVE MEDICAL INSURANCE:**

In the event there is no medical insurance, the Indiana University of Pennsylvania Foundation requires that parents/guardians agree to incur the cost of medical expenses of their child. If there is no medical insurance, please complete the section below:

I, \_\_\_\_\_, agree to be financially responsible for all medical costs incurred by me at HELP Camp.

Signature: \_\_\_\_\_

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**AUTHORIZATION**

**Liability Release:** I, the undersigned, ask to be admitted to participate in the camp sponsored by the Indiana University of Pennsylvania. I do hereby agree to release, discharge and hold harmless Indiana University of Pennsylvania, Indiana University of Pennsylvania Foundation, their owners, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident arising out of my attendance at the camp or in the course of activities held in connection with the camp.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities.

I give full permission to the camp to medically treat me. In the event a designated contact cannot be reached in an EMERGENCY, I hereby give permission to the camp medical personnel to administer medication. I also give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PHOTO RELEASE FORM

The undersigned agrees to give permission to Indiana University of Pennsylvania to use his/her photograph for the purpose of publicizing the University in either general University promotions, which could include the University website; publications which include the print admissions package, brochures, magazines, video, television, newspaper, newsletters, and/or publications that may act as fundraising ventures for University clubs/organizations. The photo will most likely not contain a caption identifying any individuals, although one may occasionally accompany the picture.

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Signature of individual to be photographed

Date

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Print name of individual to be photographed



## CODE OF CONDUCT FOR PARTICIPANT

It is expected that all participants in any University or non-University sponsored program, activity, or service will conduct themselves in a polite, respectful manner and will adhere to all University rules as follows.

1. The possession or use of alcohol and other drugs, fireworks, guns and weapons are prohibited.
2. The use of skateboards is prohibited.
3. No violence, including sexual abuse or harassment, will be tolerated.
4. Hazing, bullying, and cyber bullying will not be tolerated.
5. Misuse or damage of University property is prohibited.
6. Smoking is prohibited in all University buildings.
7. The inappropriate use of cameras, imaging, and digital devices is prohibited including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.
8. Profanity is prohibited.
9. When crossing streets, only cross in the designated crosswalks.
10. Only use the building designated by your program supervisor or staff.
11. If you are hurt or injured, immediately report your injury to the program supervisor or staff.

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Signature of Participant

Date



**WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT  
INDIANA UNIVERSITY OF PENNSYLVANIA**

Participant's Name: \_\_\_\_\_ Age (if minor):  
\_\_\_\_\_

**Waiver:** In consideration of being permitted to participate in any way in HELP Camp (6/10/26 – 6/11/26) (Description of Class or Activity including date(s)) hereinafter called "the Activity", the undersigned, for himself/herself, his/her heirs, personal representatives or assigns, **does hereby release, waive, discharge, and covenant not to sue** Indiana University of Pennsylvania, or the State System of Higher Education, part of the Commonwealth of Pennsylvania, or their officers, employees, and agents from liability **from any and all claims including the negligence of Indiana University of Pennsylvania, its officers, employees or agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

The undersigned understands the description of the Activity above may be changed without notice and that Indiana University of Pennsylvania will provide no compensation for any expenses or losses incurred due those changes.

**Assumption of Risks:** Participation in the Activity may involve travel or other activities that carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

**Health Care Authorization:** The undersigned hereby authorizes Indiana University of Pennsylvania and its employees and agents to perform any acts which may be necessary or proper to provide emergency health care to a participant in the Activity in the event the parent/guardian and/or emergency contact cannot be reached.

This authorization includes consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. The undersigned understands that (s)he is responsible for all costs and expenses of such medical treatment.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD Indiana University of Pennsylvania and the State System of Higher Education HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and will be interpreted under such and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** The undersigned has read this waiver of liability, assumption of risk, and indemnity agreement, fully understands its terms, and **acknowledges and understands that substantial rights are being given up, including the right to sue.** The undersigned acknowledges that he/she is signing the agreement freely and voluntarily, he/she is assuming all risks voluntarily and **intends by his/her signature to provide a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor    Date

\_\_\_\_\_  
Signature of Participant    Date

# HELP

## Boxed Lunch and T Shirt Selection Form

Please use the link below to make your order selections :

**[Lunch and T-Shirt Order Form](#)**

or

