

Teen Entrepreneur Academy (TEA)**Liability & Medical Release Form**

Participant Name _____ Male/Female _____
Address _____ City _____ State _____ Zip _____
Participant email _____
Home Phone (____) _____ Cell Phone (____) _____
Health Insurance Company _____ Policy Number _____
Known Allergies and Reactions _____
Medications Currently Taking _____
Please specify if you have any health concerns of which we should be aware (i.e. asthma, diabetes, etc.) _____

Parents/Legal Guardians Name (with whom you live) _____

Emergency Contact Info of Parent/Legal Guardian:

Cell Phone (____) _____ Parent(s) email: _____

Person to notify if parent/legal guardian cannot be reached:

Name _____ Relationship _____

Phone (____) _____

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in the Teen Entrepreneur Academy. The individual identified on this form understands that all participants are expected to abide by camp rules and be directly responsible to the Camp Director.

Further, I do release and hereby agree to hold blameless Concordia University & its Teen Entrepreneur Academy and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Teen Entrepreneur Academy programs. I also release the lessor/owner of properties on which any part of this Program is held. **I agree to pay for any damages or property loss as determined by Teen Entrepreneur Academy or campus officials, including any keys not returned at the time of check-out.**

Further, I do authorize the director or campus official, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while attending this event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Teen Entrepreneur Academy to use photographs and video footage of the participant for promotional materials.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above _____ Date _____
(if under 18, parent or legal guardian must sign)

Printed Name of Parent/Legal Guardian _____ Date _____
Signature of the Parent/Legal Guardian _____

Please mail or bring a copy of it with you to check-in on July 14th.