



## ICE Chemistry Camps 2019

### Waiver Forms

### Parent (Guardian) Signature Is Required

Complete this required form and send it to ICE by email or U. S. Mail using the address information at the bottom of the page.

Name of Camper: \_\_\_\_\_ Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

#### Liability Waiver

In consideration of my child's participation in the camp, I hereby release the University of Wisconsin System, Board of Regents, its officers, agents, and employees from any and all liability arising out of any injury or illness my child incurs while participating in camp activities. I understand that participation is voluntary and I choose freely to have my child participate.

\_\_\_\_\_  
Signature of Parent (Guardian)

**Health Insurance:** Campers should have their own health insurance to cover medical treatment that may be required while attending the camp. Limited accident insurance is provided by the University; illnesses are not covered by this policy.

By signing below, the parent/guardian understands and acknowledges that the Camp provides limited accident insurance, which is primary up to \$7,500. The parent/guardian also understands that all bills for medical treatment that the child receives at the camp, including prescriptions, are ultimately his/her responsibility.

\_\_\_\_\_  
Signature of Parent (Guardian)

**Health Care:** The camp has qualified staff to dispense medications brought by campers, and provide First Aid. Campers in need of further medical care will be transported to local medical facilities. Every effort is made to protect the health and safety of our campers. It is important that campers come physically prepared to take full advantage of their camp experience.

By signing below, the parent/guardian understands and acknowledges that the confidential Consent for Medical Administration and Medical Treatment Form and Health History Questionnaire must be completed, signed and returned to the Institute for Chemical Education **prior** to the child's participation in the Camp activities.

The parent/guardian also understands that all bills for medical treatment that the child receives at the camp, including prescriptions, are ultimately his/her responsibility.

\_\_\_\_\_  
Signature of Parent (Guardian)

#### Photographs and Videos

By applying for this Camp I understand the University of Wisconsin-Madison may take photographs and or videos of camp participants and activities. I agree that the UW shall be the owner of and may use such photographs and videos relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs and videos.

\_\_\_\_\_  
Signature of Parent (Guardian)

#### Supervision and Conduct

Campers will be supervised at all times to ensure a secure environment and are not permitted to leave the chemistry building unsupervised. Any misconduct by a camper is grounds for immediate dismissal from the camp without a refund.

\_\_\_\_\_  
Signature of Parent (Guardian)



**Mail this Form to:**



ICE, Institute for Chemical Education  
Department of Chemistry  
University of Wisconsin-Madison  
1101 University Avenue  
Madison, WI 53706



**Email this Form to:**



[chemcamps@chem.wisc.edu](mailto:chemcamps@chem.wisc.edu)

#### ? ChemCamp Inquiries ?

**Email:** [chemcamps@chem.wisc.edu](mailto:chemcamps@chem.wisc.edu)

**Web:** <https://ice.chem.wisc.edu>

**Phone:** 608/262-3033

**FAX:** 608/265-8094