Montana State University Recreational Sports and Fitness
Bobcat Summer Youth Camp

Parental Waiver Acknowledgement of Risk

I, the undersigned, affirm that Montana State University Recreational Sports and Fitness (“RSF”) is providing my child/ward with access to, and use of, certain programs and facilities at Montana State University (“MSU”). I understand that participation in Bobcat Summer Youth Camp programs and facilities require physical exertion and that, as with any activity or program involving physical exertion, there are certain inherent risks to personal health, safety, and/or property.

I understand that my child/ward should not participate in any said programs unless I am willing to accept the associated risks. I understand that MSU cannot guarantee my child/ward’s health and safety while participating in these programs. I understand that my failure to acknowledge and accept these risks will disqualify my child/ward from gaining access to, and use, the programs. By accepting this I acknowledge and accept the inherent risks provided with this program.

I hereby acknowledge that certain risks of injury are inherent to participation in Bobcat Summer Youth Camp recreational and classroom activities. These types of injuries may be minor or serious and may result from the camper’s actions, or the actions or interactions of others, or a combination of both. I understand that certain activities require a minimum level of fitness and health (physical, mental, and emotional) and that each person has a different capacity for participating in these activities.

I agree that as the parent/guardian of a participant in the above program(s), I am responsible for my child/ward’s behavior and well-being. I understand that in the event of an accident or injury, personal judgment may be required by program personnel regarding what actions should or must be taken on my child/ward’s behalf. I acknowledge that MSU Recreational Sports and Fitness personnel may not legally owe me a duty to take any action on my child/ward’s behalf.

I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my child/ward’s personal health and physical condition. My child/ward has no serious health issues or problems that would preclude them from participating in the program(s) or that present an abnormal, unusual, or unreasonable risk of, or susceptibility to, injury. I further agree to abide by any and all RSF rules and policies applicable to this program; and, I will take responsibility for abiding by specific requests made of me for my child/ward’s safety, the safety of others, or the welfare of any general interest concerning the program. I understand that MSU reserves the right to exclude my child/ward’s participation in the program(s) if at any time my child/ward’s participation or behavior is deemed detrimental to the safety and welfare of others.

I acknowledge that engaging in the program(s) may require a degree of skill and knowledge different from other activities and that I have responsibilities as the parent/guardian of a participant. I acknowledge that RSF has been available to fully explain to me the nature and physical demands of the program(s) and the inherent risks, hazards, and dangers associated with this activity.

I acknowledge that my child/ward’s participation in the program(s) is purely voluntary, and I elect to have them participate with full knowledge of the inherent risks. I knowingly assume all risks connected with the program(s), and agree, to the extent permissible by law, to indemnify and hold MSU, its officers, agents, employees, and all third party property owners where the program(s) activities occur, from any and all costs, charges, claims, demands, losses, damages, causes of action, suits, and liabilities of any kind, including the expenses of litigation, court costs, and attorney’s fees, for injuries to, or death or illness of any person, or for damage to any property arising out of or in connection with my involvement in the program(s).

FITNESS TO PARTICIPATE

I have fully informed myself of the contents of this affirmation by reading it before I signed it. I am of lawful age and legally competent to sign this affirmation and acknowledgement of risk. I assume my own responsibility of physical fitness and capability to perform the activities involved in the program(s). I understand if I have any question as to whether a physical or medical condition would prevent my full participation in the program(s), I will immediately notify a RSF employee.
Consent for Emergency Medical Treatment
Montana State University does not provide medical insurance or other medical facilities or services for the participants in Montana State University Bobcat Summer Youth Camp. To assure that medical treatment may be made available to participants in a timely manner, should the need arise, the University requests that the treatment authorization below is signed by the appropriate parent or guardian.

TREATMENT AUTHORIZATION STATEMENT: I hereby authorize any licensed medical doctor of the Bozeman medical community to administer to my son/daughter/ward, any appropriate medical treatment services which may be necessary to assure physical health and well-being during the period of his/her participation at Montana State University Bobcat Summer Youth Camp. It is fully understood and agreed that I shall be responsible for payment of any expense incurred for medical attention and Montana State University or doctor shall make a sincere effort to contact me to obtain verbal authorization prior to relying on this written authorization.

Permission to Receive First Aid
My child/ward is sufficiently fit to participate in this program. The health history information I provided is accurate, complete, and true to the best of my knowledge. I agree to notify the program facilitators of any changes to my child/ward’s health and fitness, which may occur before or during the program. Should my child/ward become ill or injured, I give my permission for any representatives of Recreational Sports and Fitness and Fitness or Montana State University to render first aid.

Medication
All medications, prescription or over the counter must be checked in with counselors. Campers are not permitted to hold onto medications or to self-administer without supervision. Medications must be in the original container.

Camper Conduct Agreement
Bobcat Summer Youth Camp reserves the right to dismiss a camper if their behavior jeopardizes their safety or another camper’s safety and well-being, in these situations guardians will be called immediately. For minor issues regarding camper conduct guardians will be notified in person or by email.

Cancellation Policy
Bobcat Summer Youth Camp reserves the right to cancel any session or modify activities due to enrollment numbers, facility problems, staff concerns, or circumstances beyond its control. Guardians will be notified immediately if a session is altered in any way.

Payment and Refunds
Payment is due in full upon registration.

A refund of 75% will be given if the cancellation is done the Friday before the first day of the camp season by 5pm. A refund of up to 50% may be given if a family cancels their child’s session with two weeks or more notice of their child’s expected start date at camp. A cancellation with less than two weeks notice before the child’s expected start date at camp will not be given. Weeks may be transferred. Weeks will not be prorated.

By signing this document through the registration process you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider’s ordinary negligence that are the result of the provider’s failure to exercise reasonable care.