

**ST. CLOUD STATE UNIVERSITY  
RELEASE OF LIABILITY**

I, \_\_\_\_\_, recognize that presence at and involvement with St. Cloud State University Sports Camps (hereafter referred to as "SCSU Camp(s)") have a certain degree of risk, and I knowingly and voluntarily assume the risk, whether expected or unexpected, of any injuries regardless of severity, including death, and all risk of damage to or loss of property which I may incur due to any act of negligence or accidental occurrences while I am participating in SCSU Camp activities. I voluntarily assume the risk of any and all means of transportation utilized in relationship to SCSU Camp activities.

I, on behalf of myself, my personal representatives, heirs, and next of kin, successors and assigns, hereby waive, release, and discharge St. Cloud State University, the state of Minnesota, and its agents, officers, and employees from any and all liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my travel to or from or in residence at the SCSU Camp and associated sites, engaged in SCSU Camp activities, being instructed, using or operating equipment or otherwise participating in the SCSU Camp.

I, on behalf of myself, my personal representatives, heirs, and next of kin, successors and assigns, hereby indemnify, save and hold harmless St. Cloud State University, the state of Minnesota, and its agents, officers, and employees, from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from my presence at the SCSU Camp or participation in SCSU Camp activities.

I agree that should I knowingly or unknowingly engage in conduct which the university deems to be incompatible with the interest, harmony, comfort, and welfare of the other SCSU Camp participants and/or local community members, the university has the right to terminate my participation in SCSU Camp activities with no refund of monies paid. In the event of termination, I agree to immediately leave SCSU Camps and that upon such departure the university terminates any and all relationships and responsibilities for my subsequent travels and activities; if I am a minor, I agree that the university will send me home at the expense of myself, my parent(s) or my guardian(s).

I hereby grant the university full authority to take whatever actions they may consider warranted under the circumstances concerning my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith.

In the event that I am incapable of seeking and/or consenting to medical attention, I place within the discretion of the university the decision to seek and authorize any and all professional medical attention and/or services except the withholding or withdrawal of life sustaining procedures, as well as transportation by any conveyance to the closest medical facility deemed adequate by the university. I agree to be financially responsible for any and all expenses related to medical treatments as well as travel to receive medical treatment.

I acknowledge that I have confirmed that I have medical insurance valid while participation in SCSU Camps. I verify that I have informed the university of any existing medical conditions that might require treatment, require accommodation for participation in SCSU Camp activities, or about which medical personnel should be informed.

I, the undersigned, am competent to sign this release, and have read it carefully and understand all its terms and conditions.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTICE: Individuals under 18 years of age must have release co-signed by their parents or guardians.

PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



# St. Cloud State University Sports Camps

PLEASE COMPLETE THE FOLLOWING:

*If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.*

**Have you had (or do you presently have) any of the following?**

Head Injury	YES	NO	Shoulder Injury	YES	NO
Fainting Spells	YES	NO	Knee Injury	YES	NO
Convulsions/Epilepsy	YES	NO	Ankle Injury	YES	NO
Neck or Back Injury	YES	NO	Fingers Injury	YES	NO
Asthma	YES	NO	Arm Injury	YES	NO
High Blood Pressure	YES	NO	Other:		
Kidney Problems	YES	NO			
Hernia	YES	NO			
Diabetes	YES	NO	Impaired Vision	YES	NO
Heart Murmur	YES	NO	Impaired Hearing	YES	NO
Allergies	YES	NO	Other:		

Specify: \_\_\_\_\_

Have you had a recent tetanus booster? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_ What? Why? \_\_\_\_\_

Has the doctor placed any restrictions on your activity? \_\_\_\_\_

Explain: \_\_\_\_\_

### HEALTH AND SAFETY CERTIFICATION

I am aware of all my personal medical needs, and consulted with a medical doctor about my plans if I have any serious conditions. There are no health-related reasons or problems that might require accomodtion in activities except as explained above, and I have answered all questions fully and truthfully.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GURARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ST. CLOUD STATE  
UNIVERSITY

*Sports Camps*



# St. Cloud State University

## Sports Camps

### Medical Release Form

Please complete the following information and return it to the sports camps office prior to the week of camp.

SCSU Sports Camps  
National Hockey Center #26  
720- 4th Ave. S  
St. Cloud, MN 56301-4498

#### CONFIDENTIAL

This medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and truthfully. The facts you disclose will be kept confidential and the information provided will be given to others only in an emergency situation. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness. Attach additional pages if more space is needed.

#### GENERAL INFORMATION

Camp Attending: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### EMERGENCY INFORMATION

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

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PERSON(S) TO CONTACT IN EVENT OF EMERGENCY

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

# ST. CLOUD STATE UNIVERSITY CAMPUS MAP

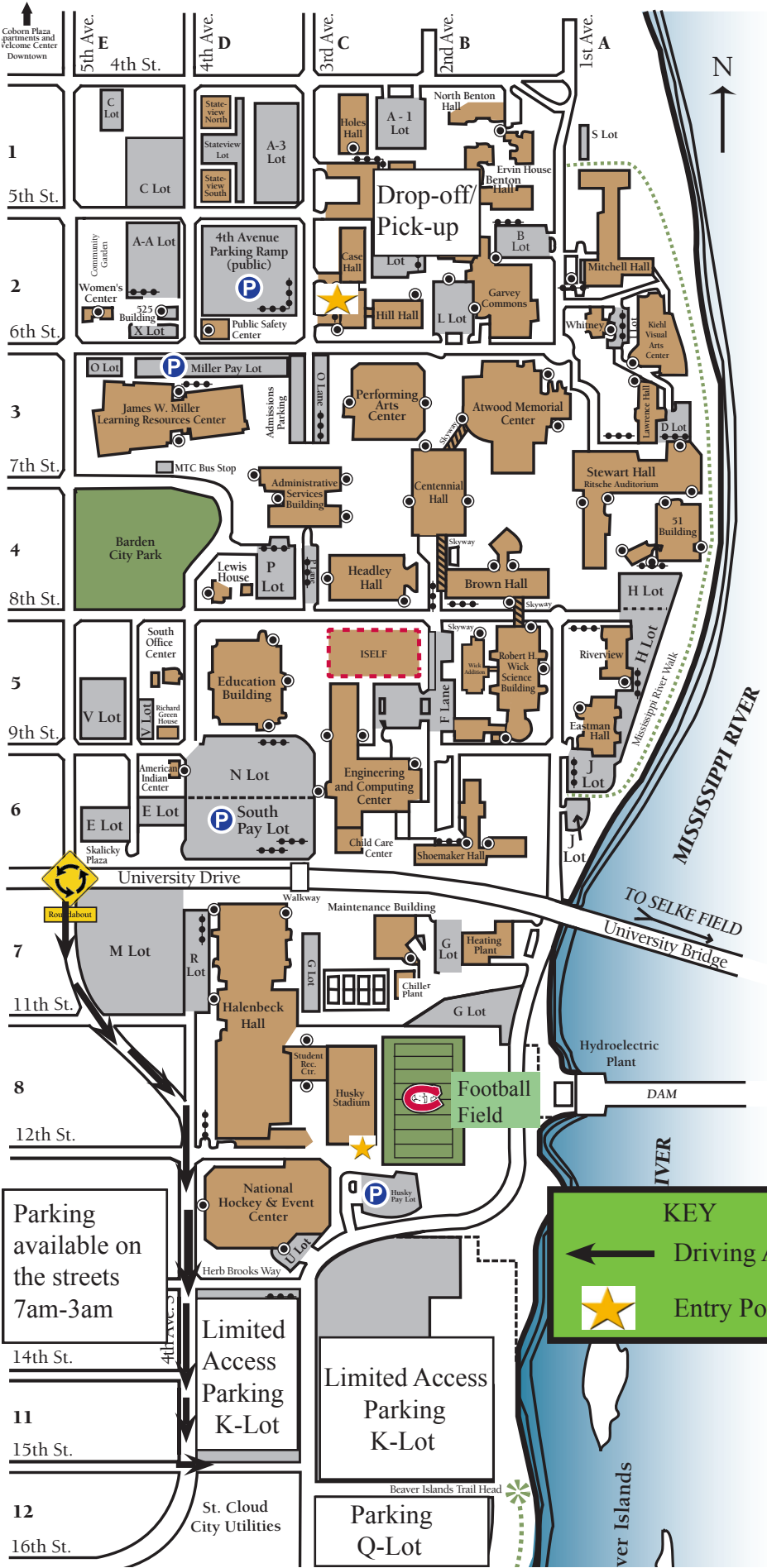
Visit [www.StCloudState.edu/campusmap/](http://www.StCloudState.edu/campusmap/)

## TO REACH THE CAMPUS

- **From Interstate 94:** Take Exit 171. Drive north into Stearns County Road 75. At 22nd Street South turn Clearwater Road turn north. Follow the signs to campus.
- **From U.S. Highway 10:** Exit west on Minnesota Highway 10. Cross the Mississippi River on the Granite City Crossing At Fifth Avenue turn south. Follow the banners to campus.
- **From the southwest (Minnesota Highways 15 and 2 Stearns County Road 75):** All routes link with Division 10. Turn south at Fifth Avenue. Follow the banners to campus.
- **From the east (Minnesota Highway 23):** Follow Minnesota Highway 23 into St. Cloud. Cross the Mississippi River on the Granite City Crossing bridge. Turn south on Fifth Avenue. Follow the banners to campus.

## LEGEND

- AS Administrative Services, 720 4th Ave S
- AIC American Indian Center, 901 4th Ave S
- AMC Atwood Memorial Center, 651 1st Ave S
- BTH Benton Hall, 445 1st Ave S
- BH Brown Hall, 151 8th St S
- CPA Coborn Plaza Apartments, 500 3rd St S
- CPW Coborn Plaza Welcome Center, 355 5th Ave S
- CG Community Garden
- CSH Case Hall, 550 3rd Ave S
- CH Centennial Hall, 201 8th St S (Husky Bookstore)
- ECC Engineering & Computing Center, 910 3rd Ave S
- EH Eastman Hall, 850 1st Ave S
- EB Education Building, 840 4th Ave S
- ErH Ervin House, 425 1st Ave S
- FLD Husky Field
- GC Garvey Commons, 577 1st Ave S
- HaH Halenbeck Hall, 1000 4th Ave S
- HH Headley Hall, 225 8th St S
- HiHH Health Center, 550 3rd Ave S
- HP Heating Plant, 1025 1st Ave S
- HiH Hill Hall, 550 3rd Ave S
- HoH Holes Hall, 400 3rd Ave S
- Hub Husky Hub, 1420 3rd Ave S
- HS Husky Stadium, 1111 3rd Ave S
- ISELF 801 2nd Ave S (under construction)
- KVAC Kiehle Visual Arts Center, 580 1st Ave S
- LH Lawrence Hall, 650 1st Ave S
- LeH Lewis House, 724 4th Ave S
- MB Maintenance Building, 211 11th St S
- MC James W. Miller Learning Resources Center (library), 400 6th St S
- MH Mitchell Hall, 566 1st Ave S
- NHEC National Hockey & Event Center, 1204 4th Ave S
- PA Performing Arts Center, 620 3rd Ave S
- PR Public Parking Ramp, 516 4th Ave So
- PSC Public Safety Center, 526 4th Ave So
- RICH Richard Green House, 827 4th Ave So
- SA Ritsche Auditorium (Stewart Hall)
- SR Riverview, 826 1st St S
- SH Sherburne Hall, 525 1st Ave S
- SHO Shoemaker Hall, 915 1st Ave S
- SO South Office Center, 809 4th Ave S
- SN Stateview North, 410 4th Ave S
- SS Stateview South, 422 4th Ave S
- STH Stearns Hall, 410 3rd Ave S
- SH Stewart Hall (Ritsche Auditorium), 702 1st Ave S
- SRC Student Recreation Center, 1111 3rd Ave S
- WH Whitney House, 576 1st Ave S
- WSB Robert H. Wick Science Building (Planetarium), 825 1st Ave S
- WC Women's Center, 520 5th Ave S
- 51B 51 Building, 51 8th St S
- 525 525 Building, 525 4th Ave S



Parking available on the streets 7am-3am

Limited Access Parking K-Lot

Limited Access Parking K-Lot

Parking Q-Lot

**KEY**

← Driving Arrow

★ Entry Point