



# Internship Release

6641 N 6000 W Rd –Manteno, Il 60950

Ph: 815-933-3011 – Fax 815-933-3028

[www.campshaw.org](http://www.campshaw.org) directorcampshaw@aol.com

## Registration and Medical Release Form

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Local address for duration of internship \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Diagnosis \_\_\_\_\_

Any foreseen accommodations needed for any activities? \_\_\_\_\_

Any medical issues we should be aware of? \_\_\_\_\_

### **Emergency/ Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Other pertinent medical information \_\_\_\_\_

Permission is hereby granted for myself, named above, to participate in the activities associated with the internship. I understand that these activities will be supervised by employees and/or volunteers of the Camp Shaw-waw-nas-see and Northern Illinois 4-H Camp Association staff. I hereby release from liability for injury incurred by myself; and, I agree to indemnify and hold harmless, the following parties: employees and/or volunteers of the Camp Shaw-waw-nas-see and Northern Illinois 4-H Camp Association and the respective and collected elected and appointed officers, employees, agents and servants of said parties from all claims, and any other facility where activities are held, its employees, demands and judgments arising out of myself during participation in any such an activity. I hereby authorize by employees and/or volunteers of the Camp Shaw-waw-nas-see and Northern Illinois 4-H Camp Association staff representative permission to seek medical treatment for myself should any emergency situation occur during this internship.

(Participant/Parent/Guardian Signature: By placing your signature below, you certify that you have read this form and the terms and conditions set forth herein; and you agree to abide by said conditions and terms, and certify that all information is true, current and correct and may be relied upon by the by employees and/or volunteers of the Camp Shaw-waw-nas-see and Northern Illinois 4-H Camp Association staff.

\_\_\_\_\_  
Participant/Parent/Guardian Name

\_\_\_\_\_  
Date



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## Photographs or Images Release Form

I, the undersigned, give permission for the use of photographs or images of myself/son/daughter/ward by any newspaper, employees and/or volunteers of the Camp Shaw-waw-nas-see and Northern Illinois 4-H Camp Association staff Representative or other publication. These photographs or images will be used for the sole purpose of promoting or reporting on the Camp Shaw-waw-nas-see and Northern Illinois 4-H Camp Association's services.

\_\_\_\_\_  
Name Of Participant Whose Photograph Or  
Image Is To Be Used

\_\_\_\_\_  
Signature Of The Person Authorizing  
Use Of Photographs Or Images

\_\_\_\_\_  
Date