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*the*  
*Steve &*  
*Marjorie*  
**HARVEY FOUNDATION**  
*“fostering excellence in children”*

**CONGRATULATIONS AND WELCOME**  
to The Steve Harvey Mentoring Program for Young Men!

**REGISTRATION PACKET**

The enclosed packet includes the following required sections to be completed thoroughly:

- Registration Data
- Parent/Guardian Data
- Emergency Contact Data
- Medical Release & Authorization
- Photo /Media Release
- Lost or Damaged Personal Property
- Consent and Acknowledgement
- Confirmation

Please ensure above sections are completed thoroughly and returned by **Friday, May 4th** to the following email address: **dhill@harveyfoundation.com**. Please include camp participant's name in the subject line of the email and bring a copy of the registration packet to the camp's opening ceremony.

In addition, please bring the following attire/items to camp:

- Basketball Shorts (3)
- Jeans or Sweat Pants (3)
- T-Shirts (3)
- Sneakers
- Sleeping Bag
- Pajamas
- Toiletries/Toothbrush/Toothpaste
- Soap/Bath Wash/Deodorant/Lotion
- Bug Spray
- Black Slacks (closing ceremony)
- Prescribed Medications (all prescribed meds should be checked-in at registered nurse station) by parent/guardian - only.

## REGISTRATION INFORMATION

Camp Enrollee Full Name: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

Cell NUMBER: \_\_\_\_\_

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

### **PARENT/GUARDIAN #1**

FULL NAME: \_\_\_\_\_

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

CELL NUMBER: \_\_\_\_\_

EMAIL ADDRES: \_\_\_\_\_

### **PARENT/GUARDIAN #2:**

FULL NAME: \_\_\_\_\_

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

HOME NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

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

### **EMERGENCY CONTACT**

NAME: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

RELATION: \_\_\_\_\_

## **Medical Release and Authorization**

As Parent/Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

**Parent/Guardian Initial** \_\_\_\_\_

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named child. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

**Parent/Guardian Initial:** \_\_\_\_\_

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence. **Parent/Guardian Initial:** \_\_\_\_\_

I understand that the Steve & Marjorie Harvey Foundation, Inc. will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. **Parent/Guardian Initial:** \_\_\_\_\_

## **MEDICAL RELEASE INFORMATION**

Please provide list of any medical problems, including any requiring maintenance medication:

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Is your child currently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes: \_\_\_\_ / No \_\_\_\_

If Yes, please explain:

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Is your child allergic to any type of food or medication? \_\_\_\_\_

Does your child require a special diet? \_\_\_\_\_

Primary Physician Name & Number: \_\_\_\_\_

**PHOTO/MEDIA RELEASE**

I hereby give permission for my child to be photographed during the Steve & Marjorie Harvey Foundation. I understand the photo(s) may be used to keep a journal of activities, to share during PowerPoint presentations and/or reports to our sponsors, promotional purposes including flyers, brochures, and on social/digital platforms. I understand that although my child’s photograph may be used for advertising, I do not expect compensation and all photos are the property of Steve & Marjorie Harvey Foundation, Inc. In addition, I give the Steve and Marjorie Harvey Foundation permission to use my child’s name, voice and/or appearance as such to be embodied in photos, video recordings, and interviews for media publications. I agree that the Steve and Marjorie Harvey own all mentioned assets and may use for the purpose consistent with the foundation’s mission.

**Parent/Guardian’s Initials:** \_\_\_\_\_

**LOST or DAMAGED PROPERTY**

The Steve & Marjorie Harvey Foundation, staff, mentors, coaches, sponsors, affiliates, participants, or its co-organizers are not responsible for lost or damaged personal property. **Parent/Guardian Initials:** \_\_\_\_\_

**Consent and Acknowledgement**

I hereby give approval for my child’s participation in any and all activities prepared by the Steve & Marjorie Harvey Foundation, Inc. In exchange for the acceptance of my child’s participation, I assume all risk and hazards incidentals, and release, absolve and hold harmless Steve & Marjorie Harvey and all its respective officers, employees, mentors, agents, sponsors, advertisers, participants and affiliates from any and all liability for injuries that may arise during camp. There is a risk of being injured that is inherent in all sports activities, including basketball. **Parent/Guardian Initial:** \_\_\_\_\_

**CONFIRMATION**

BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE OR WRITTEN SIGNATURE. THE ELECTRONIC SIGNATURE WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE OR WRITTEN SIGNATURE WILL BE EQUALLY BINDING.

The undersigned confirms that she/he is the parent or legal guardian of named minor child (\_\_\_\_\_), hereby consents to the minor’s child camp participation; consents and agrees to all provisions of this affidavit, and agrees that all provisions of this affidavit shall be effective as to such minor child.

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

Parent or Guardian Signature

SWORN to and SUBSCRIBED to ME THIS \_\_\_\_\_ Day of \_\_\_\_\_ 2018.

Notary SIGNATURE and SEAL

## Informed Consent, Release Agreement, and Authorization

**Full name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

I understand that as a youth or mother participating in The Steve & Marjorie Harvey Foundation activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the Director, Event/Activity Coordinator(s). I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person and/or medical provider. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. I understand that The Steve & Marjorie Harvey Foundation does not provide medical insurance coverage for my child and that any medical expenses incurred on my child's behalf will be paid by either my own medical insurance or me.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any Steve & Marjorie Harvey Foundation, Director, and selected camp staff coordinator or professionals who need to know of medical conditions that may require special consideration in conducting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or of my child, I hereby fully and completely release and waive any and all claims for liability, actions, cause of actions, claims, expenses, damages on account of injury to my child or property which I now have or which may arise in the future in connection with the youth camp or participation in any other associated actions, personal injury, death, or loss that may arise against The Steve & Marjorie Harvey Foundation (the "Sponsor"), Nu-Opp, Steve Harvey Radio Network, Inc., Steve and Marjorie Harvey individually, Premiere Radio Networks, Inc., The Steve Harvey Morning Show, Steve Harvey World Group, any and all Steve Harvey Mentoring Program Sponsors and any wholesalers, distributors, retailers or agents related to the above companies, any advertising or promotion agencies participating in this program, and the participating radio stations, each of their respective parent companies, divisions, affiliates, subsidiaries, successors, assigns, officers and employees associated with any program or activity.

I also hereby assign and grant to The Steve and Marjorie Harvey Foundation, Steve and Marjorie Harvey individually, as well as their authorized representatives, the right and permission to use and publish the photographs/ film/videotapes/electronic representations and/or sound recordings made of me or my child at all foundation activities, and I hereby release The Steve & Marjorie Harvey Foundation (the "Sponsor"), Nu-Opp Inc., Steve Harvey Radio Network, Inc., Premiere Radio Networks, Inc., The Steve Harvey Morning Show, Steve Harvey World Group, any and all Steve Harvey Mentoring Program Sponsors and any wholesalers, distributors, retailers or agents related to the above companies, any advertising or promotion agencies participating in this program, and the participating radio stations, each of their respective parent companies, divisions, affiliates, subsidiaries, successors, assigns, officers and employees associated with any program or activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of The Steve & Marjorie Harvey Foundation, and I specifically waive any right to any compensation I may have for any of the foregoing.

**NOTE: Due to the nature of programs and activities, The Steve & Marjorie Harvey Foundation cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

**List participant restrictions, if any:**

**None**

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I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. I have also read and understand the supplemental risk advisories and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

I further state that I have carefully read the foregoing informed consent and release and know the contents thereof and I sign this release as my own free act. I expressly agree that this informed consent release and authorization is intended to be broad and inclusive as permitted by the law of the state of Georgia and that if any portion thereof is held invalid it is agreed that the balance shall notwithstanding, continue in full force and legal effect.

Parent/guardian signature for youth: \_\_\_\_\_

Date: \_\_\_\_\_

## Adults Authorized to Take to and From Events

### Complete this section for youth (under age 18) participants only:

You must designate at least one adult who's authorized to transport youth to and from camp:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Adults NOT Authorized to Take Youth To and From Events:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_