(Print Cadet's Last Name, Then First)	(State and Unit #)	(Name of High School)				
CLC: MEDICAL CERTIFICATE/CITADEL RELEASE						
1. <b>MEDICAL CERTIFICATION</b> . I certify that my child, named above, is physically qualified to participate in a one-week Air Force JROTC Cadet Leadership Course (CLC) at The Citadel. I understand that all cadets will be required to participate in all physical activities each day to include: running a timed mile, doing push-ups and sit-ups, standing and marching for several hours each day, as well as participating in sports activities each evening. Cadets not able to participate in all phases of the Cadet Leadership Course will be removed from the Cadet Leadership Course and will be sent home.						
2. <b>MEDICAL SITUATION</b> . My child has the	e following medical situation:					
a. Blood Type: (Optional)						
b. Currently on Medicine: If Yes, what?		YES - NO				
c. Recent/ Current Medical Problems? If Yes, wh	nat?	YES - NO				
d. Allergic to Medicine? -If Yes, What?		YES - NO				
f. Food allergies? If Yes, What?		YES - NO				
f. Have any heart disease, allergies? If Yes, descri	ribe?	YES - NO				
g. Physical Restrictions? If Yes, What?		YES - NO				
h. Do you have any other medical issues that may If "Yes," please list:						
i. Do you give permission for your child to be give and Benadryl?						
3. <b>ESTIMATE FOR CITADEL CLINIC</b> Medication (@ Citadel's Cost).	<b>USE</b> : Visit (\$25.00), X-Ra	y (\$65.00), Lab Test (\$25.00),				
4. <b>MEDICAL ATTENTION PERMISSION</b> required medical attention for my child in the ex		ROTC Instructors to obtain any				
5. CITADEL RELEASE.						
a. I, the parent or legal guardian of the authorized my child to attend the CLC special College of South Carolina.		· · ·				
b. I further certify that I release The Citad while participating in all activities which will t part of the program developed by the JROTC with the compar provided by CLC is a second pay policy that recommends the provided by CLC is a second pay policy that recommends the provided by CLC is a second pay policy that recommends the provided by CLC is a second pay policy that recommends the provided by CLC is a second pay policy that recommends the provided by CLC is a second pay policy that recommends the provided by the provided	ake place on The Citadel camp faculty and staff. My child is any. Policy #	us or other Citadel property as a covered under medical insurance Medical accident insurance				
c. I further certify that my child is fully covcurrently have in place <u>or</u> will obtain specificall Citadel for any costs which might be incurred in	y for the period of this camp, an	nd that I will fully reimburse The				

in the Cadet Leadership Course.

- 6. Citadel Recognition and Assumption of Risk Agreement. I, the undersigned parent/legal guardian of above named cadet, authorize said child's full participation in JROTC CLC, including related camp activities. It is my understanding that participation in the activities that make up JROTC CLC is not without some inherent risk of injury. As such, in consideration of my child's participation in JROTC CLC, I covenant not to sue the camp program, The Citadel, The State of South Carolina, their officers, servants, agents, or employees and release, waive, and discharge said parties from any liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted. I acknowledge that JROTC CLC is not operated or controlled by The Citadel.
- 7. **Cadet Agreement**. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.
- 8. **JROTC/Home School Release**. For and on behalf, my personal representative, heirs, and assignees, I hereby release and discharge the Department of Defense and its Military Departments, my School District, my High School, their agents, servants, or employees from any and all claims for property damages and/or personal injury or death resulting from participation in this camp.

I give permission for my child to participate in the physical activities conducted during CLC. These activities include running, push-ups, sit-ups, volleyball, kickball, team games, marching, and other stretching and warm-up exercises.

(Printed Name of Parent/Guardian)		(Signature of Parent/Guardian)		(Date)
9. AUTHENTICATION.				
signed this day o	f	, 20	_•	
Signature of Parent/Legal guardian			Signature of Cadet	
Printed Name of Parent/Legal Guard	iian		Printed Name of Emergency Con	tact
Address			Area Code & <u>Home</u> Phone of <u>Emergency</u> Contact	
City & Zip Code)			Parent Cell Phone	
Parent (Area Code) & Home Phone			Parent Work Phone	