

## WAIVER/RELEASE FORM

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

Emergency Contact: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**PARTICIPANT INFORMATION:** Please check the correct response and fill in any necessary information.

A. Is the participant allergic to anything?

YES ( ) NO ( )

If yes, please list \_\_\_\_\_

B. Is the participant currently taking any medication?

YES ( ) NO ( )

If yes, please list \_\_\_\_\_

C. Photo permission. Pictures may be taken at programs. We encourage parents to allow photos to avoid isolation of participants during photo sessions. Pictures are used for scrapbooks, publicity, or brochures. By signing this waiver you are also granting permission for photos to be taken.

### EMERGENCY TREATMENT & TRANSPORTATION PERMISSION:

In case of accident or injury, *<insert name of camp>* needs parental or guardian permission for emergency treatment and transportation. A signature below grants this permission.

**INSURANCE INFORMATION:** Health, medical, and hospital coverage is the responsibility of the participant, parent or guardian.

Insurance Co: \_\_\_\_\_

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

### HOLD HARMLESS-INDEMNITY RELEASE FOR PARTICIPANTS, CAMP WAIVER & RELEASE OF ALL CLAIMS:

**Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.** "As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against CCBOE, *<insert name of camp>* and their officers, agents, servants and employees". I have read and fully understand the above Program Details and Waiver and Release all Claims.

Signature(s): \_\_\_\_\_

Please print name: \_\_\_\_\_

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