

ADVENTURE DAY CAMP MEDICAL RELEASE FORM 2019

I, the undersigned parent/guardian, do hereby grant permission for my child(ren), named below, to attend ADVENTURE DAY CAMP.

In the event that he/she may sustain injury or illness during the period of the ADVENTURE DAY CAMP, I hereby authorize the ADVENTURE DAY CAMP staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the ADVENTURE DAY CAMP, and I hereby hold the ADVENTURE DAY CAMP staff and sponsoring organizations, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at ADVENTURE DAY CAMP. If this occurs, I hereby authorize the ADVENTURE DAY CAMP staff and representatives to refer my son/daughter to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during ADVENTURE DAY CAMP.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release the sponsoring organizations, and its representatives from any claims for personal illness or injury that my son/daughter may sustain during ADVENTURE DAY CAMP. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of ADVENTURE DAY CAMP.

Parent/Guardian Signature:

Date:
