Waiver and Release Form for Summer Camp

Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge, in advance BSYO, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18)

I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that BSYO will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

_____ _____

Parent/Guardian Signature Date

_____ _____

Student Signature Date

Please attach a copy of all insurance cards (front & back)

Medical Information /Authorization:

HEALTH HISTORY (Give approximate dates) GENERAL ALLERGIES DISEASES

Ear Infections Hay Fever Chicken Pox German Measles Mumps Diabetes

Rheumatic Fever Ivy Poisoning Measles Convulsions

Insect Stings Asthma

ALLERGIES :

Chronic or recurring illnesses

MEDICATIONS

taken daily? Will medication be needed during camp hours? Y N

Other diseases or details of above

Any specific activity restrictions ?

Doctor's Name

Dr. Office Phone Number

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me or a physician above.

In the event I cannot be reached in an EMERGENCY I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature of Parent/Guardian Date