**Haines Science Camp Participation Form**

Please fill out the names of the camps that you would like to have your child enrolled in and the date that they take place.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name Camp name Camp dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name Camp name Camp dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name Camp name Camp dates

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

**For Participants and Volunteers**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ allow my child (or self),\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in Haines

Science Camp summer program for the following dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I HEREBY ASSUME ALL OF THE RISKS OF ALLOWING MY CHILD (OR SELF) TO PARTICIPATE IN HAINES SCIENCE CAMP, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons participating in summer camp activities.

I certify that I (if volunteering with summer camp) or my child is physically fit, has sufficiently prepared to participate in summer camp activities and has not been advised to not participate by a qualified medical professional. I certify that I (if participating) or my child has no health-related reasons or problems which preclude his or her participation in this activity or event that occurs during summer camp.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Haines Science Camp and organizers of the activities or events in which my child (or self) may participate, and that it will govern his or her actions and responsibilities at said activity or event.

In consideration of my child’s application (or self) and permitting him or her to participate in this event, I hereby take action for my child, Haines Science Camp organizers, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability

arising from the negligence or fault of the persons released, for death, disability, personal injury, or actions of any kind which may hereafter occur to me or my child including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Haines Science Camp and/or their directors, volunteers, and representatives, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Haines Science Camp from any and all liabilities or claims made as a result of my child’s (or my) participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that Haines Science Camp and the directors, volunteers, and representatives, are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event (field trip) or activity on behalf of Haines Science Camp.

I hereby consent to receive medical treatment for my child (or self if participating) which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I acknowledge that this activity or event may involve a test of a person’s physical and mental abilities and may carry

with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those

caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of

other people including, but not limited to, participants, volunteers, spectators,, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM

AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN

FREE WILL.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Print Participant’s Name Age Parent or guardian’s Signature Date

**Medical Information and Health Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s full name (first and last) Age Date of Birth

Please provide the name and phone number of a parent or guardian to call in case of an emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian phone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative phone number

Please provide the name and phone number of at least 2 other individuals (relatives or friends) to call in case of an emergency and I am unable to contact the primary guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name first, last phone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name first, last phone number

Please list any allergies (including food allergies) or medical conditions that I need to be aware of and provide notes about how they should be handled in the case that they should affect your child during summer camp activities.

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Please list any prescriptions or medications that your child will be taking or is permitted to take while participating in summer camp activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photograph Permission**

(not required for participation)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed when participating in summer camp activities. I understand that these pictures may be used on the Haines Science Camp Facebook page, or in flyers and brochures used for advertising for Haines Science Camp. I understand that these pictures will only be used by Haines Science Camp and the Haines Sheldon Museum and will not be given or sold to other businesses or entities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print first and last name signature date