



# Family Retreat/Summer Camp

## Parental Waiver and Consent Form

Elizabeth Turner Campbell, Founder

**Authorization and Acknowledgment:** By signing this waiver and consent, I, the legal parent/guardian grant permission for myself/my children to participate in any and all activities including but not limited to lifeguard supervised swimming, lifeguard supervised boating and fishing, guided horseback riding, and the rock climbing wall under supervision of certified instructors at **The Center for Courageous Kids** ("The Center") unless otherwise specified on the Family Medical Form or Courageous Camper Medical Form. I recognize and acknowledge the inherent risks that these activities may present for me/my children.

I acknowledge that the possession or use of alcoholic beverages and illegal drugs are strictly forbidden. I understand the possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on camp property.

Because I acknowledge the risks of attending myself or allowing my children to participate, I agree to release and hold harmless The Center and its founder, trustees, directors, officers, employees, agents, affiliates, volunteers and medical staff ("Staff") from any and all injury claims of any other nature which may result from my/my children's participation at and travel to or from The Center. I agree to indemnify and hold The Center, its Staff and other children at The Center harmless from any and all liability caused by myself/my children, whether or not intentional.

I authorize The Center to release my demographic information to supporting affiliates who help with the cost of my child attending camp.

**Service Dogs** will be allowed on the premises of The Center.

I plan <OR>  I do not plan to bring a service dog to The Center for Courageous Kids.

**Medical Consent:** The Center will make every effort to contact me in the case of an emergency. I give my permission for The Center and its medical staff to administer any medications needed and to provide and arrange for any necessary medical treatment to myself/my children while at The Center, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

I accept <OR>  I decline medical care for my child and/or family.

**Photography Release:** In consideration of my/my children's participation at The Center, and without any further consideration from The Center, I hereby grant permission to The Center, staff and affiliates to utilize my appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The Center may use my/my children's name, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

I accept <OR>  I decline photography release for my child and/or family.

*Please contact the Office of Camper Recruitment at 270-618-2912 before signing if you have questions.*

I have read this form carefully and have had all questions answered before signing this legal document and giving the consents and waivers contained in it. I acknowledge that this is a legal document and I will be bound by my agreement to its terms. I represent to The Center that all information provided in the application and the medical form is accurate and complete and that I have the legal authority to provide consent on behalf of myself/my child(ren).

**(Parental Waiver and Consent Form continued on next page)**

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Please list all dependent children (age birth to 17) that will be attending camp.

Camper's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**All attending Parent(s)/Guardian(s) must sign. Signature represents legal authority for child listed above.**

Parent/Guardian (1) Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (2) Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list any other adult (18 and older) attending camp (i.e. grandparents).**

Adult Family Member (1) Print Name: \_\_\_\_\_

Adult Family Member (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list any other adult (18 and older) attending camp (i.e. grandparents).**

Adult Family Member (1) Print Name: \_\_\_\_\_

Adult Family Member (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS CONSENT FORM IS VALID FOR ONE YEAR FROM DATE OF SIGNATURE.**

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

