

**Summer Camp Accident Waiver and Release of Liability Form**

I hereby give my permission for my child \_\_\_\_\_ to participate in the Washington Waldorf School Summer Camp Program.

I understand that camp activities could include play and outdoor activities around and near the Washington Waldorf School grounds, hikes and walks in the woods wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks. I also understand that my child may travel by school bus and/or metro to local sites and be walking along downtown streets and in public and private museums and historical sites. I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for camp activities, and to provide insect repellent and sunscreen for my child to use at camp. I will not expect the Washington Waldorf School to provide these items. I give my permission for Washington Waldorf School camp leaders to apply or assist with the application of the repellent and sunscreen I provide.

In the event of illness, injury, and/or accident, I authorize the camp instructor or any Washington Waldorf School employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses not covered by Washington Waldorf School's student accident policy incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the Washington Waldorf School may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that the Washington Waldorf School is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of Washington Waldorf School camp counselors, volunteers, employees, trustees, directors, officers, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the Washington Waldorf School, its trustees, officers, employees, camp counselors, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Washington Waldorf School, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Washington Waldorf School, its Trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Participant's Printed Name (Please print legibly)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parent/Guardian Printed Name (Please print legibly)  
(If under 18 years old, Parent or Guardian must also sign)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



# CAMP EMERGENCY CONTACT & AUTHORIZATION FORM

<b>STUDENT NAME:</b> _____	<b>GRADE:</b> _____ <b>DOB</b> _____
<b>PRIMARY ADDRESS:</b> _____ _____	<b>PRIMARY PHONE:</b> _____ Phone is: <input type="checkbox"/> landline <input type="checkbox"/> parent/guardian cell

At above address *Note: We will include parent contact information in the family roster unless you write "do not publish"*

<b>Parent 1 / Guardian:</b> _____	<b>Parent 2 / Guardian</b> _____
<b>Work Phone:</b> _____	<b>Work Phone:</b> _____
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____
<b>E-mail:</b> _____	<b>E-mail:</b> _____

<i>OTHER HOME ADDRESS</i> _____ _____	<i>HOME</i> _____ <i>PHONE:</i> _____ <i>Phone is:</i> <input type="checkbox"/> <i>landline</i> <input type="checkbox"/> <i>parent/guardian cell</i>
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<i>Parent 3 / Guardian:</i> _____	<i>Parent 4 / Guardian:</i> _____
<i>Work Phone:</i> _____	<i>Work Phone:</i> _____
<i>Cell Phone:</i> _____	<i>Cell Phone:</i> _____
<i>E-mail:</i> _____	<i>E-mail:</i> _____

**STUDENT EMAIL**, if applicable: \_\_\_\_\_ **STUDENT CELL**, if applicable: \_\_\_\_\_

<p><b>LIST ANY AND ALL MEDICATIONS</b>, including dosage information (<u>attach additional sheet if necessary</u>) – write "none" if none</p> <p>_____</p> <p>_____</p> <p><b>ALLERGIES OR EXCEPTIONAL PHYSICAL CONDITIONS</b> (<u>attach additional sheet if necessary</u>) – write "none" if none</p> <p>_____</p> <p>_____</p>
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**MEDICAL PROVIDERS:**

Primary / regular physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INSURANCE COVERAGE:**

*You are welcome to attach a photocopy of the insurance card*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Plan / Group Name(s) & Number(s): \_\_\_\_\_ Member Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACTS:** If there is an emergency and parent(s) / guardian(s) cannot be reached, the following person(s) may be contacted and is/are authorized to pick the student up from school or from a school activity in my/our stead:

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEASE AND CONSENT:** I have provided the Washington Waldorf School, Inc. with all information regarding any medical conditions and/or allergies, and any regular medications taken by my child. I authorize and give permission for any Washington Waldorf School, Inc. employee to administer first aid, and/or to take or accompany my child to a physician or hospital for emergency treatment if it appears necessary in the judgment of the School. I understand that the School will utilize Emergency Medical Services (EMS) as it deems necessary and appropriate, and that EMS may transport my child to the most appropriate hospital in the area, at their discretion. I give consent for a licensed physician and/or the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept responsibility for all medical expenses incurred in the treatment of my child that are not covered by the Washington Waldorf School, Inc. student insurance policy.

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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