



HATCC YOUTH SUMMER CAMP 2017

WAIVER AND RELEASE OF LIABILITY AND CONSENT FORM

(Campers & Counselors)

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 Hindu American Temple And Cultural Center, hereafter known as HATCC, 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 HATCC 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 Name (PRINT)

Camper Name (PRINT)

Parent/Guardian Signature

Camper Signature

Date

Date

THIS FORM MUST ACCOMPANY THE COMPLETED CAMP APPLICATION FORM



HATCC YOUTH SUMMER CAMP 2017
PHOTO RELEASE FORM FOR MINOR CHILDREN
(Campers & Counselors)

I _____ hereby authorize Hindu American Temple And Cultural Center, hereafter known as HATCC, to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the HATCC website and for display in the facility. I release HATCC from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize HATCC to use their photographs and names. I acknowledge that since participation in publications and websites produced by HATCC is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by HATCC confers no rights of ownership whatsoever. I release HATCC, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: _____ **Date:** _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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HATCC YOUTH SUMMER CAMP 2017

CAMP POLICIES AND RULES FORM

(Campers & Counselors)

I, _____, understand and agree that my child(ren) must abide by the Camp policies and rules and the instructions of the Camp organizers, employees, staff, counselors, and volunteers at all times, and that my child(ren)'s failure to do so will result in his/her/their immediate dismissal from the Camp. Some of these policies, rules, and instructions are written and some are at the sole discretion of the Camp organizers, employees, staff, counselors, and volunteers; however, it is understood that all policies, rules, and instructions seek at all times to ensure the overall safety of the Camp and each of its participants.

Furthermore, should my child(ren) fail to behave in an appropriate manner, intentionally harm another participant, exhibit signs of illness, or violate any Camp policy and rule, I shall promptly retrieve my child(ren) when contacted by HATCC to do so, or, if I am unable to do so, notify HATCC of the person retrieving my child(ren) on my behalf. I acknowledge and agree that no part of the tuition paid will be refunded to me should my child(ren) be dismissed from the Camp. I also understand and agree that no reduction or prorated in the tuition will be made for late arrivals, early departures, vacations, illness, or injury

Signature: _____ **Date:** _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

THIS FORM MUST ACCOMPANY THE COMPLETED CAMP APPLICATION FORM