

# Camp Release and Waiver of Liability

**PARTICIPANT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releaser, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to the Board of Directors of the Historic Columbus Foundation, Inc (hereinafter "HCF").

The undersigned hereby acknowledges that participation in the above named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of HCF allowing the undersigned to participate in the above named activity for which or in connection with which the foundation has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge HCF and Board of Directors of Historic Columbus Foundation, Inc., its members individually, and its officers, directors and employees of any and from all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known all unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from my participation in or in any way connected with the above named activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge HCF, its officers, and employees from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this camp.

I understand that the acceptance of this release and waiver of liability by the Board of Directors of the Historic Columbus Foundation, Inc. shall not constitute a waiver in whole or in part of sovereign immunity by said Board, its members, officers, and employees.

Parent/Guardian  
Initial

## RELEASE AND WAIVER OF LIABILITY

I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed.

## TREATMENT AUTHORIZATION AND PERMISSION

I authorize HCF staff to administer immediate and emergency medical treatment, including (1) transporting your child to a hospital emergency room or (2) calling the local rescue squad or ambulance.

1) Please list specific medical allergies, chronic illnesses, or other conditions that will impact participation in camp.

2) Does the participant take any medication on a regular basis?  Yes  No

Will that medication need to be administered during program hours?  Yes  No

If yes, list medications and directions for taking the medicine.

## PHOTOGRAPHY PERMISSION

By initialing here, you are giving permission to use this participant's likeness in either photographic or videotaped promotional materials

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date