

WAIVER AND RELEASE - CAMP

In consideration of the acceptance of my child in the camp sponsored by the Town of Washington Grove (“Town”), referenced below, I understand and agree that:

1. I recognize the risks of illness and injury inherent in any exercise/physical activity/camp program. My child is participating in the Town program upon the express agreement and understanding that I, individually, and on behalf of my child, and of our heirs, executors, personal representatives, successors and assigns, hereby waive, release, discharge, defend, hold harmless and indemnify the Town, its officials, agents, servants and employees, from any and all claims, costs, liabilities, expenses or judgments, known or unknown, including attorneys' fees and court costs, from whatever cause, arising out of my child's participation in the aforesaid course/activity/program or any illness, injury or death resulting therefrom.
2. I hereby execute and deliver this waiver and release voluntarily and with full understanding of the contents and consequences thereof and to induce Town to permit my child to participate in this course/activity/program.
3. I hereby authorize the Town, its agents, servants, employees and officials, to administer and/or obtain emergency medical care and treatment for my child when necessary. In this event, a Town representative will notify me as soon as possible.
4. I acknowledge and agree that my child must follow the rules for the program and failure to do so may result in dismissal of my child from the program.
5. I consent to the appropriate use by the Town of photographs, taping or video of the program that include images of my child.

_____ Date ____/____/____
Program

Name of child

_____ Date ____/____/____
Signature of Parent or Guardian

Address

Home Phone

Work Phone