

Creekside High School Camp Waiver and Release

Please print clearly | Must be notarized and mailed or submitted to:
Creekside High School | 100 Knights Lane | St. Johns 32259

The purpose of this Agreement is to enable parents and students to give informed consent for a student to participate in the **Summer Youth Camps** at Creekside High School (**CHS**) and to confirm the agreement of the student and the parents regarding assumption of risks, waiver and release of liability, and indemnification, as a condition of the student's participation in Creekside's **Summer Camps**. This agreement also provides consent regarding photographs, publication and media coverage of the CHS **Summer Camps**.

RISKS: I agree and understand that there are risks (some known and others unknown or unforeseeable) ranging from minor injury to death associated with participation in Creekside's **Summer Camps**. These risks include the possibility of very serious injuries which can occur for a variety of reasons and under a variety of circumstances related to the **Summer Camps**. Such risks include, but are not limited to, the risks of injury; disability; paralysis or even death resulting from causes including, without limitation, facility conditions; actions of other attendees; weather; improper techniques and other aspects of arts & crafts; hazards inherent in summer camp; improper or malfunctioning equipment; improper or inadequate training; and negligence of CHS employees, volunteers or others of the Releases identified below.

INSURANCE: All students choosing to participate in Creekside's **Summer Camps** are required to be covered by personal medical/accident insurance. **As a condition of participation, CHS requires all students choosing to participate in the Summer Program to have medical/accident insurance coverage providing, at a minimum, benefits covering medical services, hospitalization and related services, medications, equipment, etc.**

Camp(s) Attending: #1 _____
#2 _____
#3 _____

T-Shirt Size (circle one) **Children** S M L **Adult** S M L XL

Camper name: _____ Primary phone: _____ Birth date: _____

Grade (fall 2020): _____ Home address: _____

Guardian/Parent name: _____ Guardian/Parent day phone: _____

Additional Guardian/Parent name: _____ Guardian/Parent day phone: _____

Email address: _____ In case of emergency, call: _____

Insurance carrier: _____ Group or policy #: _____

Name of student's physician: _____ Phone number of physician: _____

School attended 2015-16 _____

I confirm that my child/ward has current medical/accident insurance coverage and that such coverage will be maintained for the duration of my child's participation in Creekside's **Summer Camps**.

I confirm my understanding and consent that by participating in Creekside's **Summer Camps**, my child/ward may be photographed, identified and/or interviewed by people providing information for school publications or the media. I give my permission for CHS to publish, on its website or in school publications, photographs and other information which may identify my child/ward related to my child's participation in CHS's **Summer Camps**.

EMERGENCY MEDICAL TREATMENT: I give my permission to **CHS** staff to make decisions regarding emergency medical treatment for my child/ward in the event that neither of the child/ward's parents can be reached at a time when any such decisions need to be made, and I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be deemed necessary for the welfare of my child, in the event of injury or illness while my child/ward is participating in Creekside's **Summer Camps**. I confirm that my child/ward is healthy and able to participate in **Summer Camps** and have had the opportunity to consult with a physician on this subject if I chose to do so.

PERMISSION AND RELEASE - READ CAREFULLY BEFORE SIGNING:

Realizing that there are risks inherent in any CHS **Summer Camp**, and in consideration of my or our child/ward's being allowed to participate in CHS's **Summer Camps**. I/we agree to assume all risks (whether known or unknown) of participation in Creekside's **Summer Camps**, to release and hold harmless Creekside High School and the St. Johns County School District, together with its faculty, staff, employees, coaches, volunteers, trustees and other agents (collectively, the Releasees), from any and all claims, liabilities and damages relating to any injury, sickness, death or destruction of any property which may arise out of, result from or be in any way connected with the participation of my child/ward in CHS's **Summer Camps**, other than claims, liabilities or damages based on the gross negligence of EC or its employees. In addition, I/we agree to indemnify and hold the Releasees harmless from any and all claims for injuries or property damage brought on behalf of myself or our child/ward or alleged to have been caused by me or by our child/ward while our child/ward is participating in CHS's **Summer Camps**.

I/WE HAVE READ THIS PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT; FULLY UNDERSTAND ITS TERMS; UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY TO PARTICIPATE IN Creekside's **Summer Camps**, ASSURANCE OR GUARANTEE BEING MADE TO ME/US. I/WE INTEND MY/OUR SIGNATURE(S) TO EFFECT A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF THE RELEASEES IDENTIFIED IN THIS AGREEMENT, AND TO INDEMNIFY THE RELEASEES, TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent/guardian name (please print)

Parent/guardian signature

Date

Sworn and ascribed before me on this _____ Day of _____ in the Year _____

Signature of the Notary Public (AFFIX SEAL)