



SUMMER CAMP ACTIVITY WAIVER



Name of the Participant

The explanation of the event

Choose the program that your child is going to participate:

1 Week

2 Weeks

3 Weeks

4 Weeks

5 Weeks

6 Weeks

Summer Camp Activity Waiver

This waiver ("Waiver") is dated _____ .

IN CONSIDERATION of being allowed to participate in the Summer Camp and other good and valuable consideration, the receipt of which is hereby acknowledged, _____, ("Participant") and as _____ parent/legal guardian, I, _____, hereby agree with _____, ("Activity Provider") located in _____, _____, _____ to the following:

1. Details of the Activity

The Participant will be participating in the following activity:

The Activity shall include:

2. Consideration

Being permitted to participate in the Activity, the Participant releases and discharges the Activity Provider, its owners, directors, officers, employees, agents, assignees, legal representatives, and successors from all actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of an injury to person or property, including injury resulting in death of the Participant which has been or may be sustained as a consequence of the Participant's participation in the abovementioned Activity and notwithstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the Activity Provider.

The Participant undertakes and agrees not to participate in the Activity in the event of refusal to sign this Waiver herein.

The Participant acknowledges and understands that this Waiver herein is given in order to extinguish certain obligations owed to the Participant by the Activity provider intending to bind the Participant's spouse, heirs, executors, administrators, parents, legal guardians, legal representatives and assignees.

3. Fitness to Participate

The Participant acknowledges that the Participant does not have any physical impairment, limitations, medical conditions, or physical/mental disabilities that would limit or prevent the Participant from participating in the Activity. If required, the Participant shall provide a medical examination and clearance to the Activity provider.

4. Full and Final Settlement

The Participant acknowledges that:

- (1) the Activity Provider has given the Participant enough time for the Participant to carefully review and read this Waiver;
- (2) the Participant has been encouraged to seek for legal advice prior signing this Waiver;
- (3) the Participant fully understands the risks and claims that the Participant is waiving to participate the Activity;
- (4) the Participant is voluntarily signing this Waiver;
- (5) the Participant is forever prevented from any cause of action, suing or otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may be exposed to while participating in or preparing for the Activity.

5. Governing Law

This Waiver herein is construed in and governed by the law of the State of _____.

6. Emergency Contact

Emergency Contact 1:

Name:

Phone:

Relation:

Emergency Contact 2:

Name:

Phone:

Relation:

Parent/Guardian's Name:

Address:

Phone:

Date:

Signature:



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