

Camper Name: \_\_\_\_\_

Date(s) of Camp: \_\_\_\_\_

## ACTIVITY CONSENT AND RELEASE FORM

### HERITAGE STEM CAMPS ("HSC") PARENTAL/GUARDIAN CONSENT AGREEMENT, AND RELEASE

(to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any HSC recognized or sanctioned activity; EXCEPT for the following delineated activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_. **Init.**

B. I know of, and acknowledge that my child/ward knows of, the risks involved in participation. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of HSC. **Init.**

I further hereby authorize the use or disclosure of my child's/ward's individually identifiable Health information should treatment for illness or injury become necessary. **Init.**

I consent to the disclosure, by my child's/wards school to HSC, upon its request, of all records relevant to his/her eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. **Init.**

I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. **Init.**

The released parties, however, are under no obligation to exercise said rights herein.

C. My child/ward, \_\_\_\_\_, has permission to participate in field trips sponsored and/ or sanctioned by HSC. I understand that some or all of these field trips could involve staying overnight and that some or all of these field trips involves travel to and from the field trip site and I specifically grant permission for my child/ward to stay overnight and to travel in a vehicle that may be operated by a teacher and/ or a staff person of HSC. I also understand that this field trip may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation. **Init.**

D. CONDUCT DURING ACTIVITY I understand that my child's/ward's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child /ward about my child's /ward's need to comply with the specific rules and requirements established for this activity; all HSC policies and procedures, rules of conduct and, all regulations and laws. I understand that all HSC rules and policies apply to my child/ward and the other students during the course of the field trip. **Init.**

E. TRANSPORTATION PERMISSION AND WAIVER I also understand that private drivers, which may include a teacher, an administrator, or the parent of another student participating in the activity, may be used to transport students to and from the activity. The owner of the vehicle must carry bodily injury insurance. Any damages/harm resulting from a parent/guardian/or other designated driver, arising from the operation of a motor vehicle in relation to the above listed activity, is hereby waived. **Init.**

I also understand that I have the ability to refuse to sign this Form. In addition, that if I refuse to sign, my child will not be permitted to participate in the activity.

**By signing this form, however, I hereby** release HSC, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers (“released parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child’s/ward’s failure to comply with laws and/or HSC policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child/ward; or, (c) arising out of a parent/guardian/or other designated driver’s operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

I have signed this CONSENT AND RELEASE this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. This consent and release has been read and is understood by me.

\_\_\_\_\_  
Student's signature (If 18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student's Parent or Legal Guardian

\_\_\_\_\_  
Date