“Bring a Friend to Camp”

Waiver, Release of Liability and Assumption of Risk Agreement

TO OUR GUESTS: As a condition for your participation in our “Bring a Friend to Camp”, it is necessary for you to sign the following agreement:

AGREEMENT

I understand that there are risks of injury when my child participates in sports and other activities at this facility. Recognizing that Athenian Summer Programs will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. Therefore, in consideration of the permission extended to me to enter these premises, I release and forever discharge The Athenian School, from any claims that I have, or that I might have in the future arising out of or concerning my child’s presence at this facility or my child’s’ participation in any activity at this facility. And I promise to indemnify The Athenian School and hold it harmless from any claims and related defense costs, including reasonable attorneys’ fees, arising out of my presence or my participation in any activity at this facility. In addition, I hereby authorize The Devil Mountain Summer Camp and its assigns to utilize any and all photographs, pictures, or other likeness of the participant, as they deem appropriate in its promotional materials.

Parents or guardians must ensure that their son or daughter is fully covered for any medical expense which may be incurred during their time on The Athenian School campus. Parents are responsible for all medical costs incurred during their stay here regardless of cause.

In case of accident or illness involving my child, I request the school to telephone me at the number below. If in the judgment of the School the delay in telephoning me would not be in the best interests of my child, I hereby authorize the School before telephoning me to take my child to any physician or surgeon selected by the School and licensed under the provisions of the California Medical Practice Act. I understand that this authorization given in advance of any specific diagnosis, examination, care or treatment being rendered and is given to provide authority and power on the part of any such physician or surgeon to render any and all such diagnostic procedures, examinations, care and treatment that he or she may deem necessary or advisable.

☐ I also understand I am financially responsible for any medical fees.

Name of Parent Guardian:___________________________________________ Date:________________

Signature of Parent or Guardian:____________________________________________

Phone Number you can be reached at____________________ Cell Phone: ______________________

Alternate Emergency Number: ________________________________________________

Please include any other important additional information (allergies, etc):