



HEALTHYU SUMMER CAMP PERMISSION AND LIABILITY WAIVERS

Camper's Name: _____

My child, as named above, has permission to participate fully in ALL 2017 Millis Regional Health Education Center camp activities. Activities will occur inside the Millis Regional Health Education Center, in the parking lot and may include a tour of High Point Regional Hospital (walk across Elm Street).

Please list any allergies or medical conditions of the camp participant:

Camper's Primary Care Physician _____

Insurance Company _____ Policy Number _____

The following individuals have permission to pick up my child from camp:

1. Name _____ Relation to student _____

2. Name _____ Relation to student _____

3. Name _____ Relation to student _____

EMERGENCY INFORMATION

The following persons may authorize emergency medical treatment in the event a parent/guardian cannot be reached.

1. Name: _____

Relation to Student: _____ Phone: _____

2. Name: _____

Relation to Student: _____ Phone: _____





I consent to have photographs (including video) and/or audio recordings made of my child by Millis Regional Health Education Center and High Point Regional Health. Millis Regional Health Education Center and High Point Regional Health has my permission to use my child's image in any form of marketing (brochure, website, television, newspaper, etc.) for the purpose of promotion and publicity of Millis Regional Health Education Center and the Healthy U Camp. I waive all claims for compensation for the use of the photographs and audio content and I hereby release all members of Millis Regional Health Education Center and High Point Regional Health, its employees and volunteers from any claim or liability arising from the taking or use of photographs, recordings and interviews.

I, as a parent or legal guardian, do hereby grant Millis Regional Health Education Center and High Point Regional Health staff the right to authorize emergency medical treatment for my child named above in the event that I, or my designated representative, cannot be reached.

I further acknowledge and understand that my child may engage in activities that involve risk of serious injury, including permanent disability or death and severe social and economic losses which might result not only from my child's own actions, inactions, or negligence, but the actions, inactions, or negligence of others, or the conditions of the premises or of any equipment used, and further, that there may be other unknown risks not reasonably foreseeable at this time. I hereby assume all the foregoing risk and accept personal responsibility for any damages following such injury, permanent disability, or death, and hereby release, discharge, covenant to indemnify and not to sue Millis Regional Health Education Center and High Point Regional Health, and their affiliated organizations, their employees, agents, administrators, board members, and associated personnel, including the owners of the facilities utilized for the Healthy U Camp, from any claims or liability by or on behalf of me or my child arising as a result of my child's participation in the Healthy U Camp (including without limitation, personal injury, property damage, or death), either directly or indirectly. I have read the above release and understand that I have given up substantial rights by signing this release and sign below voluntarily.

Parent Signature

Date

