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Release and Hold Harmless Agreement for Minors

I, the undersigned parent, request voluntary participation for _____, minor, to participate in **Camp of Dreams programs** which begins on **August 18, 2014** and ends on **July 14, 2015** coordinated by Camp of Dreams of which are hereinafter referred to as the "activity".

I consent to my minor's participation in the activity and acknowledge that the minor and I fully understand participation may involve risk of serious injury or death, including losses which may result not only from my minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my minor's participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that my minor is in good health and has no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs and that in no event will Camp of Dreams be liable for any costs associated with medical treatment. I consent to emergency medical treatment in the event such care is required.

I agree that photographs, pictures, slides, movies, video, or other media coverage of my minor may be taken in connection with my minor's participation in the activity without compensation from Camp of Dreams and their agent and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my minor's participation in the activity. I agree I am financially responsible for any losses resulting from my minor's actions and will indemnify Camp of Dreams and their officers, directors, employees and agents, for any loss or damage caused by my minor during this activity.

In consideration of my minor's participation in the activity, I hereby waive all claims or causes of action against Camp of Dreams and the officers, directors, employees and agents of all of them, arising out of my minor's participation in the activity and hereby release, hold harmless, and discharge Camp of Dreams and the officers, directors, employees and their agents from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of Camp of Dreams officers, employees, representatives and volunteers, and the officers, directors, employees and their agents.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Camp of Dreams and the officers, directors, employees and their agents is knowingly given up in return for allowing my minor's participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

_____ _____
Emergency contact name (print) **Emergency Contact Phone #**

_____ _____
Relationship to the participant **Second Emergency Contact #**

List medical/prescription and food or other allergy information below:

_____
_____
_____

Do you have
Medical Insurance? _____yes _____no
Insurance Carrier_____
Card or Case # _____

_____ _____
Child's signature **date**

_____ _____
Parent's signature (required) **date**

_____ _____
Child's Name (print) **(Area code) Phone number**

_____
Address **City/State** **Zip**

_____
Please list all Contact Phone Numbers In Case of Emergency.