



Camp Waiver and Release

Name of Participant: _____ Birth date: ____/____/____
Parent/Guardian Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____ (Home) _____ (Cell)
Email: _____

As part of the consideration tendered for my child being permitted to participate in:

Zion Nature Center Summer Camp Programs between the dates of **June 1, 2017 and July 31, 2017**.

I recognize and acknowledge that there are risks associated with the program, which may include but are not limited to; falls, contact with other participants, the effects of weather, misuse or failure of equipment. I waive all claims that I might have based on any of those and other risks typical in this type of activity. I am aware staff may provide support for this program, including but not limited to the administration of: first aid, CPR or the use of an AED. I authorize any such staff to assist my child and/or to provide such assistance as, in the opinion of such person may be necessary or appropriate. I understand that Zionsville Parks and Recreation Department, nor any of its supporting sponsors, assume any responsibility or liability with respect to my child's participation in this program. I agree and hereby waive all claims against, and agree to fully release, hold harmless, and indemnify Zionsville Parks and Recreation Department, all representatives and independent contractors from all claims or liabilities of any kind arising out of my child's participation in this program. The above information is complete and accurate to my knowledge.

Signature: _____ Date: _____

Photo and Video Release

I hereby grant Zionsville Parks and Recreation Department to use, reproduce, and publish photographs and/or video that may pertain to my child — including image, likeness and/or voice without compensation. I understand that this material may be used in various publications, recruitment materials, multimedia exhibits or for other related endeavors. This material may also appear on Town of Zionsville Internet Web Page and/or digital social media services. By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Signature: _____ Date: _____



Medical Information and Consent to Treatment

Emergency Contact Information

1. Name: _____ Relationship: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____ (Home) _____ (Cell)

2. Name: _____ Relationship: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____ (Home) _____ (Cell)

Medical History

List any special dietary needs: _____

List any allergies, including reactions to insect bites/stings and food: _____

Medication/Dosage	Reason/Ailment
_____	_____
_____	_____

Has your child had in the past or currently have any of the following:

- | | | | |
|--|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Modified diet | <input type="checkbox"/> Autism | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hearing/visually impaired | | | |

What special accommodations are required for the above conditions:

List any other history of medical problems or special circumstances we should be aware of:

Medical Insurance Company: _____

Policy/GRP #: _____ **Phone #:** _____

Authorization, Signature and Consent to Treat

In the event of injury or illness, I authorize Zionsville Parks and Recreation to obtain first aid and/or medical treatment at the nearest and most adequate facility.

Signature: _____

Date: _____