

2019 Interfaith Works Summer Camp Registration

CAMPER NAME _____

Date of Birth _____ Youth t-shirt size _____

Medications taken Daily: _____

Allergies: _____

Other Information we should know: _____

1st PARENT _____

Mailing Address _____

Phone Numbers **H** _____ **W** _____ **C** _____

Email Address _____

2nd PARENT _____

Mailing Address, if different _____

Phone Numbers **H** _____ **W** _____ **C** _____

Email Address _____

EMERGENCY CONTACT #1 _____

Emergency Phone _____ Relationship _____

EMERGENCY CONTACT #2 _____

Emergency Phone _____ Relationship _____

HEALTH INSURANCE CO. _____

Primary Physician _____ Policy # _____

Phone _____

REGULAR CARPOOLS _____

Authorized to transport your child _____

FIELD TRIP PERMISSION

I hereby give my permission for my child, _____, to attend any field trips taken by campers at Interfaith Works Summer Camp between July 22 and 26, 2019.

Parent Signature: _____ Date: _____

MEDIA PERMISSION

I hereby give my permission to Interfaith Works to use images of my child, _____, for the following media (please circle) website, newsletters, annual report, slideshow movies, to promote this camp in upcoming years.

Parent Signature: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION AND LIABILITY RELEASE: As the parent or guardian of the below named child ("Participant" hereafter) who is requesting to voluntarily participate in a Day Camp sponsored by Interfaith Works and with the participation and using the facilities of Temple Beth Hatfiloh (Collectively, the Sponsors) I hereby acknowledge that I have read, understand and agree to the following:

1. I understand that participation in camp activities entails risks. Play, even supervised play, carries with it inherent risks. Risks may include, but are not limited

to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic or actions of other people including, but not limited to, participants, volunteers, and monitors. Risks may result in various types of injury including, but not limited to, illness, injury, death, property damage and financial loss. In consideration for the opportunity to participate in the Camp activities, I acknowledge and accept the risks of injury associated with participation in and transportation to and from the camp activities, and waive any right of recovery from or to bring suit against the Sponsors or either of them for any personal or bodily injury, death, or other consequences arising out of the Participant's voluntary participation, except for the sole negligence of a Sponsor.

2. I certify that the participant has no medical or physical conditions that could interfere with his/her safety in ordinary camp activities or that all such conditions have been fully disclosed to the Sponsors, and provision made for participation by the participant, which I have approved.

3. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the Participant. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the camp staff-in-charge to obtain emergency care of participant, neither he/she, nor the Sponsors shall assume financial liability for expenses incurred because of the accident, injury, illness and /or unforeseen circumstances. I accept such responsibility.

4. Sponsors make no warranty or guaranty regarding the facilities at which camp activities take place and the undersigned parent or guardian assumes all liability for the participant's use of the facility. The undersigned agrees to hold harmless and to indemnify Sponsors from and against any and all claims by any and all persons and/or other legal entity(ies) arising from or in any way related to the participant's use of such facilities under this agreement except for a Sponsor's own negligence. Such indemnification shall include all costs and attorney fees incurred by Sponsors or either of them in the defense of such actions.

Print Participant's Name Age Signature of Parent or Guardian Date

**Please send this form by July 8th to:
Temple Beth Hatfiloh
201 8th Ave SE
Olympia, WA 98501**

**There is no cost for this camp, but to ensure this camp continues in the future, a donation to Interfaith Works is appreciated.
See you at Camp!**