

Katonah Art Center

2019 Medical Release Form

Camper's Name: _____ Date of Birth: ___/___/___

Parent's Name: _____

Home Address: _____ City: _____

Phone: Cell _____ Home: _____ Work: _____

Emergency Contact:

Name: _____ Phone number: _____

Relationship to camper: _____

Alternate Contact: Name: _____

Phone Number: _____

Relationship to Camper _____

List any allergies: _____

Does the camper have an Epi-Pen or inhaler?

Yes/No

Will you keep it at the Center?

Yes/No

Hold Harmless

This form must be completed and returned with registration of electronically read and signed off for prior to the camp admission in order for the camper to be permitted to participate in camp. This form is to be filled out by a Parent or Legal Guardian. PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU AND/OR YOUR CHILD MAY HAVE IF YOU AND/OR YOUR CHILD IS INJURED OR OTHERWISE SUFFERS DAMAGES PARTICIPATING IN THE CAMP. I agree, and state, on behalf of myself, my heirs, assigns, executors and others, as follows: 1. I state and that I am the Participant/Participant's Parent/ Guardian, and am fully competent to read and sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant (if I am signing on behalf of my child), and for my/Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same. 2. I/Participant am/is familiar with and will obey, any and all of the rules established for the Camp. 3. I/Participant and I understand and appreciate the inherent risks and dangers of participating in the camp that could result in property damage and/or personal injury, including aggravation of preexisting health conditions, including, but not limited to heart-related conditions, and I/Participant and I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my/Participant's participation in this camp. 4. That I/Participant and I WILL HOLD HARMLESS AND INDEMNIFY Katonah Art Center & Gallery Inc., and its officials, professional; administrators, employees and individuals assisting in the camp, for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my/Participant's participation in this camp. 5. I agree to assume all risks and costs related with my/Participant's participation in this camp. 6. I have read/understand this "Unconditional and Full General Release and Covenant Not To Sue."

Signature of Parent or Guardian: _____ Date _____

Print Name: _____