

Hamilton College Kid's Camp Youth Parental Liability and Medical Release Form

I, _____ (parent or guardian) hereby give permission for my child _____ to attend an event coordinated by the Hamilton College Kid's Camp adult supervisors and volunteers. I hereby authorize and empower the Hamilton College Kid's Camp and any adult or volunteer authorized to act on behalf of the Hamilton College Kid's Camp to order or approve medical treatment for my child as fully as I could do if I were on site. The Hamilton College Kid's Camp and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit my child to any form or type of medical procedures, by any licensed health care provider. In lieu of not being able to reach me in a timely manner or in life-threatening circumstances, I hereby grant and approve all medical decisions and procedures recommended by medical professionals.

I understand that the Hamilton College Kid's Camp is not responsible or liable for my child's personal effects and property, and that the Hamilton College Kid's Camp will not provide security for or lock up any items. I will hold the Hamilton College Kid's Camp harmless in the event of theft or loss resulting from any source or cause. I further understand that my child is to abide by whatever rules are in effect at the time of the program. I understand that my child's attendance at the camp is a privilege, and should my child fail to abide by the rules in effect during the program, it is up to the discretion of the adult supervisors to request their removal from the camp.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold harmless the Hamilton College Kid's Camp and all of its supervisors and volunteers from an liability, damage, claim, expense, injury, death or other loss of any nature involving or related in any way to myself or my child, even though such liability, damage, claim, expense, injury or death may have been caused in part or exclusively by any negligence of the Hamilton College Kid's Camp or one or more of its supervisors or volunteers. My indemnity agreement extends to attorney's fees and all litigation costs.

The Hamilton College Kid's Camp is not responsible for the purchase of medicine or special foods.

Parent's/Guardian's name (PRINT) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ Secondary Number (_____) _____

Parent's/Guardian's signature _____ Date _____

****Please refer all questions and concerns to the camp coordinator, Rebecca Rees (rrees@hamilton.edu).**

Emergency Contact Information

Name: _____ Cell: _____

Relationship to Child:

Name: _____ Cell: _____

Relationship to Child:

Known allergies:

Medications currently taken:

Special needs:

The following people have permission to pick up my child/ren:

Name _____ Cell _____

Name _____ Cell _____

Name _____ Cell _____

Name _____ Cell _____