

Edgarton Christian Academy Summer Camp Waiver and Release of Liability Form

I hereby give my permission for my child(ren), listed below, to participate in the Edgarton Christian Academy Summer Camp Program.

I understand that camp activities could include play and outdoor activities around and near Edgarton Christian Academy grounds. I also understand that outdoor activities may occur in the hot sun or in the rain. I agree to see that my child is appropriately attired for camp activities, and to provide sunscreen for my child to use at camp. I will not expect Edgarton Christian Academy to provide these items. I give my permission for Edgarton Christian Academy leaders to apply or assist with the application of the sunscreen I provide.

In the event of illness, injury, and/or accident, I authorize the camp instructor or any Edgarton Christian Academy employee to act on my behalf. I understand that ECA Summer Camp staff will treat all non-emergency injuries or illnesses and that I will receive a written notice explaining the injury and treatment. In the event of an emergency, I understand that emergency services may be called, that my child could be taken to the hospital accompanied by a staff member, and that the staff will act in the best interest of my child should they require emergency treatment. I understand that I will be notified as soon as practical.

I agree to pay any necessary expenses not covered by Edgarton Christian Academy's student accident policy incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the Edgarton Christian Academy may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at the said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the Edgarton Christian Academy, its trustees, officers, employees, camp counselors, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Edgarton Christian Academy, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of released or otherwise.

This Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Edgarton Christian Academy, its trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

#1 Participant's Printed Name

Age

#2 Participant's Printed Name

Age

#3 Participant's Printed Name

Age

Parent/Guardian Printed Name

Parent/Guardian's Signature

Date