



PARENT'S AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any health condition, including required medication and activity limitations which should be known to the camp staff and medical personnel. I give permission in advance to the physician selected by the Camp Director to order x-rays, routine tests, and other medical treatment for the health of my child and in the event I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to hospitalize, secure proper medical treatment for, and order injects and/or anesthesia and/or surgery if necessary for my child as named above.

LIABILITY RELEASE FORM

Recreation

The recreation programs at summer event venues strive to offer fun, safe, and challenging activities that engage the whole person—body, mind and soul. Counselors and program staff are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, and aquatics. You could experience any of the following – elevated heart and respiratory rates, uncomfortable group dynamics, unforeseen forces of nature or weather, any of which could result in injury/ illness that could result in loss of life, limb, and/or property.

Permission, Acknowledgements, Release, Indemnity

My permission is granted for the camp or event director, any camp or event staffer, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used for promotional purposes. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge Radically Against Dystrophy of, camp or event sponsors and state conventions and their employees (“Released Parties”) from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child’s employment by or participation in this camp or event. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in this camp or event or while on property leased or owned by any of the Released Parties.

Assumption of Risk

I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Understanding

I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this

document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful.

Affirmation

Participant affirms that he/she has not been convicted of nor received a deferred adjudication for: a misdemeanor or felony under any state or federal statute regarding crimes against persons, sexual offenses, or violent offenses under the "Participant Name" submitted on this document or any other name or alias. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original.

ACCIDENT RELEASE, FIRST AID, AND MEDIA WAIVER

I authorize and grant permission for a representative of Radically Against Dystrophy to treat minor injuries and provide over-the-counter medications as needed. I authorize and grant permission for a representative of Radically Against Dystrophy to dispense medicines according to the physician's directions clearly labeled on any prescription medications. I authorize and grant permission to obtain emergency medical care from any licensed physician or hospital and/or medical clinic should my child become ill or injured. I therefore freely and voluntarily execute the release with such knowledge, assume the risk of personal injury and/or property loss arising from or in any way connected with participation in any programs offered by Radically Against Dystrophy. I hereby release and discharge Radically Against Dystrophy from any liability, claim, and cause of action, demand or damages from injury or damages of any kind to my child or my property as a result of participation in the programs of Radically Against Dystrophy. I grant permission and understand that photos and other images taken during this event could be used in print advertisement and other forms of media. I understand my child's name will not be published.

Sign and date: _____