

# sense of wonder camp

*where bare feet and imaginations run free*

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Please read this three page form and complete the required information. Your child will not be allowed to participate in our camp program unless our records indicate that this form has been completed and signed by you. We will require a separate form for each of your children participating in our program.

## 1. Camper Information

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Camper Name

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Parent or Guardian Name

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Address

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Contact Phone

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Email Address

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Emergency Contact Information

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Doctor's Name and Phone

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Medical History : allergies, physical limitations, or medication required

2. Medical Insurance: Sense of Wonder Camp is operated by S.O.W. Camp LLC, a Washington Limited Liability Company, and it does not provide any medical insurance to cover medical expenses incurred by the camper. The camper's family medical insurance policy must cover any such costs that may be incurred.

3. Medical Authorization: The camper's parent/legal guardian signing this form warrants and represents that the camper is physically fit and able to participate in the camp activities, and consents to Christopher Haskins, Joy Horgan, or any other employee, agent, assistant, or other person associated or affiliated with S.O.W. Camp LLC to seek medical attention and/or treatment or other measures deemed necessary or advisable in the discretion or judgment of S.O.W. Camp LLC for above named camper, in the event of an accident, sudden illness, or any other condition that occurs while the camper is in the care and supervision of S.O.W. Camp LLC personnel.

The parent/legal guardian further understands that S.O.W. Camp LLC will make reasonable efforts to notify the parent/legal guardian or other parent of the camper in the event of any incident that may require health care or treatment of the camper; however, such parent/legal guardian understands that such notification may not be able to be provided under the circumstances prior to such health care and/or treatment.

The parent/legal guardian signing this form releases S.O.W. Camp LLC, and all of its owners, agents, personnel or other persons affiliated therewith, including the home owners at which the Sense of Wonder Camp is operated on the day of the incident, from any and all liability for such health care decisions or actions in seeking medical care and treatment for the camper, and specifically agrees to pay for all costs and fees that may be charged or incurred for such medical care and treatment authorized under this Medical Authorization.

4. Liability Waiver and Release: The parent/legal Guardian hereby agrees to release and hold S.O.W. Camp LLC, its owners, agents, assistants, helpers, personnel, and other persons affiliated therewith, including, but not limited to, Christopher Haskins, Joy Horgan and any other real property owner in which the Sense of Wonder Camp is located at the time of any incident for which this document is relevant and material, from any and all claims, damages, losses, and/or expenses, arising out of the camper's attendance and/or participation in camp activities, and assume any and all liability for any and all personal injuries, bodily injury, illness or property damage that occurs as a result of attendance and/or participation in any camp activity. The parent/legal guardian also warrants and represents that attendance and/or participation in camp activity by the camper is voluntary and the camper and his or her parent(s) or legal guardian understands that there may be some risk involved in some camp activities and/or attendance. Each camper agrees to obey all the rules and policies mandated by camp personnel. The parent/legal guardian understand and agree that all rights under Section 1542 of the California Civil Code of Procedure, are hereby expressly waived. Said Section reads as follows:

"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

I have carefully read this document and fully understand its contents. I am aware that this is a Release of Liability and an

Authorization of Emergency Medical Care and Treatment of my child or ward. I have signed this document voluntarily and of my own free will. I am not relying on any representations, statements or inducements by any person associated with S.O.W. Camp LLC.

I do certify that I am the parent or legal guardian of the camper described above and I agree to all the terms of this document.

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Print your name here

Your signature here

Date