

**STEAM-tacular! Come *ENERGIZE* your summer with us!
SUMMER CAMP 2018**



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**Summer Camp 2018
Permission to Dispense Medication
*Waiver and Release of All Claims***

Science Matters, Young Rembrandts, Computer Explorers, CodeSpire, Play On!, JumpBunch (“we”; “Summer Camp Partners”) will not dispense medication to a child unless it is an emergency and directed to do so by the parent(s) and the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent/ guardian.

Child’s Name: _____

Camp dates: _____

_____ will take prescription medication during the summer camp day.

_____ has asthma and will use an inhaler

_____ has food allergies or other allergies (bee stings, etc.) If this is checked, please list allergies and instructions. NOTES/ALLERGIES/SPECIAL NEEDS:

_____ Other _____

Thank you for completing this form. If your child will be taking prescription medication during the day, we will need the medication in the original prescription bottle with physician’s instructions. We cannot administer any medication that is not in the original prescription bottle. Over the counter medication must be accompanied by a physician’s note.

WAIVER & RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects,

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In consideration of the summer camp partners administering medication to my minor child, I do hereby fully release or discharge the summer camp partners, and its Staff, from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Emergency Contact Information

In the event of an emergency and the parent/guardian is not available, please call:

Person to Notify _____ Relationship _____
Daytime Phone _____

Pertinent Medical History

Family Physician _____
Physician's Phone _____

Medical Insurance Carrier _____
Policy Number: _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THE CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY ON BEHALF OF MY CHILD AND I SIGN IT OF MY OWN FREE WILL.

Parent/Guardian **PLEASE PRINT**

Signature of Parent or Guardian Date

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PERMISSION SLIP

ASSUMPTION OF RISK, RELEASE OF LIABILITY & WAIVER
PERMISSION TO USE IMAGE

By signing this Assumption of Risk, Release of Liability and Waiver, I represent that it is my desire and intent that the child identified below (“my Child”) participate in the activities of Science Matters, Young Rembrandts, Computer Explorers, CodeSpire, Play On!, and JumpBunch (“Summer Camp Partners”) specifically including the summer camps (June 4th through August 3, 2018). I also represent that I have the authority to enter into this agreement on behalf of my Child as the Child’s parent or legal guardian. I acknowledge that the participation of my Child in summer camp, which includes the risk of physical injury and other damage. On behalf of my Child, I expressly and voluntarily assume any and all risks associated with participation in summer.

In consideration for my Child being permitted to attend and participate in summer camp(s) and any and all of the activities that are or might be associated with Summer Camp Partners, on my Child’s behalf, I release and further agree to indemnify, defend and hold harmless Summer Camp Partners, including its members, managers, officers, owners, employees, agents, contractors, representatives, volunteers, interns, and insurers, from any and all claims, demands, actions, causes of action, lawsuits, expenses or losses (including attorneys’ fees) whatsoever that could be brought by me, my Child or a third party acting on behalf of my Child or me for acts or omissions related in any way to, or arising out of summer camp.

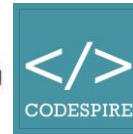
I understand that at any classes, events or activities during summer camp my Child may be photographed, filmed or otherwise have our activities recorded by Summer Camp Partners, its employees, agents or contractors. In further consideration for my Child being permitted to attend and participate in summer camp, I agree to allow the voice, image and likeness of my Child to be recorded and reproduced by photo, video, film, tape or any other media, including any electronic or digital media, and that such content may be used and reproduced for any legitimate purpose by the Summer Camp Partners or its assigns. I agree that the Summer Camp Partners shall own all copyrights in such content.

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I hereby waive any and all rights to royalties, commissions or other compensation, and any and all rights of publicity or privacy, that my Child may have, now or in the future, related to the use or exploitation of such content described above by the Summer Camp Partners.

I understand that this is the entire agreement between the Summer Camp Partners, their agents or employees, and me, and that it cannot be modified or changed in any way by the representations or statements of any employee, agent, volunteer or intern of the Summer Camp Partners. I agree that this Agreement shall be governed and interpreted under Colorado law. I acknowledge that I have read and understand this document, which affects my Child's and my legal rights, and I am signing it on behalf of the Child, as well as his/her heirs and assigns, who will be bound by all of its terms.

Executed as of this _____ day of _____, 20_____.

Printed Name of Child:

Printed Name of Parent/Guardian:

Your Address:

Signature (individually and as parent or guardian of my Child):

Return all 4 pages to:

Email: info@sciencematters.tv

Fax: 303-805-9379

Mail: 1501 W Campus Drive, Suite B,
Littleton, CO 80120

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