



Waiver & Release

NAME OF PARTICIPANT(S)

Birth date (Month / Day / Year)

Entering Grade

THIS FORM AND THE DAY CAMP EMERGENCY CONTACT AND HEALTH FORM ARE DUE 07/08/2013 OR UPON REGISTRATION. An original signature is required, faxes cannot be accepted.

Please read this form carefully and be aware in registering your minor child/ward for participation in the program or programs listed above you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from that program.

Important Information

Shining Star Korean School Summer Camp offers a 5 day summer camp program at the Shining Star Community Church 2937 Strathmeade St. at Falls Church, VA 22042 and is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there may be a risk of injury when choosing to participate, even though probability of the injury is extremely low. Shining Star Korean School Summer Camp strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that Shining Star Korean School Summer Camp does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make Shining Star Korean School Summer Camp automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have against Shining Star Korean School Summer Camp and its staffs, volunteers and employees as a result of participation in the program.

I do hereby fully release and discharge Shining Star Korean School Summer Camp and its staffs,



volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend Shining Star Korean School Summer Camp and its staffs, volunteers and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize Shining Star Korean School Summer Camp to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Photography Release:

I give permission for my child's picture to be used in advertisements for Shining Star Korean School Summer Camp. I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

Permission to Dispense Medication

Waiver and Release of All Claims

Shining Star Korean School Summer Camp will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

NAME OF PROGRAM(S): Shining Star Korean School Summer Camp DATE: _____

I _____(Print Your Name) the parent/guardian of _____ (Print Child's Name) give permission to the staff of Shining Star Korean School Summer Camp to administer to my child

_____ Print Name of Medication(s)

I understand it is my responsibility to give the medication(s) directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

Name of student _____ Name of parent _____



Name of medication _____ Dosage _____

Time of day to be given _____ Prescribing Doctor _____

Doctor's phone number _____ Emergency Contact Number _____

Policy Number _____ Medical Insurance Company _____

Medical Insurance Phone Number _____ Insurance Policy Holder Name _____

Special Needs/Allergies: _____

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Shining Star Korean School Summer Camp to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

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, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of Shining Star Korean School Summer Camp administering medication to my minor child, I do hereby fully release or discharge Shining Star Korean School Summer Camp and its staffs, volunteers and employees 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.

Print of Student Name Date Print of Parent or Guardian Name Date

Signature of Parent or Guardian Name Date