

Please complete this sheet and bring it to us on the day of our ProjectCREATE event.

Emergency Contact Information

Name of Child _____

Parent/Guardian Name _____ Phone _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Phone _____

Relationship to Child _____

Medical Information

Allergies _____

Medications _____

Other Medical Information _____

Waiver

My child has permission to participate in the activities of ProjectCREATE. I understand that I will be responsible for the cost of any emergency medical care that may be necessary for my child while involved in this program, and hereby consent to such emergency care. I understand that the staff will immediately contact me and/or the emergency contact as soon as possible in case of any medical emergency. I hereby waive and release ProjectCREATE and/or any entity that ProjectCREATE is renting from and/or any and all agents associated with these activities against any and all liability judgments or demands for damages arising as a result of injuries sustained or activities that take place while the applicant is enrolled in these programs.

I hereby give permission to ProjectCREATE to photograph, video and/or audio record my child and/or me and consent to the use of such materials for all promotional uses, including Internet use.

Yes _____ No _____
(initials) (initials)

I agree that I am solely responsible for any items my child brings to camp. I agree that if my child brings any items into camp that they be clearly marked with the child's name. If any of the items is lost or damaged, I agree that it is my sole responsibility and not the responsibility of ProjectCREATE or any of its agents to replace or reimburse me for the cost of that item.

X) _____ Date _____
(Parent/Guardian Signature)