

# Camp Connect

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WWW.COLORADOPLAYTHERAPY.COM

## Waiver, Assumption of Risk and Indemnification Agreement

Name of Participant: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Please read and initial the following statements:

- I have notified Camp Connect staff on any concerns or special challenges my child may have, including food allergies, medication or learning needs, while attending the program and have listed any special instructions on the back of this form. \_\_\_\_\_
- I understand that pick up for camp is at 11:30 am sharp from Grace Church, Monday through Friday. \_\_\_\_\_
- I understand that if I arrive late to pick up my child, I will be charged \$15 for every fifteen minutes that I am late. This fee is due immediately to the staff member who remains with the child. \_\_\_\_\_
- I understand that I must park in the spots along the street next to Grace Church. I understand that the parking lot is reserved for University Hill merchants. \_\_\_\_\_
- I agree not to send my child to Camp Connect if he/she is showing signs of illness or communicable disease. \_\_\_\_\_
- I understand that the following items must be on file with the camp director before the first day of camp. \_\_\_\_\_

\*Signed Waiver

\*Emergency Contact

### Emergency Contact Information

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

If we cannot reach parent, in case of emergency call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

In consideration of my child, \_\_\_\_\_, being permitted to take part in the summer program known as Camp Connect, I expressly agree to the following: I hereby acknowledge and accept that there are certain inherent risks arising from or in connection with the activities offered with Camp Connect for which I am registering my child, including but not limited to bodily injury or death to my child. Therefore, on behalf of myself and my child, I hereby agree to assume full responsibility for all risks related to my child's participation in Camp Connect, including yoga, music, dance, outdoor play, art activities, walking and running, gardening, interaction with other camp participants, etc. I hereby waive, release, indemnify and hold harmless Camp Connect, Colorado Play Therapy and Parenting Support LLC, Sanam Pejuhesh LLC, Mia Bertram Counseling LLC, Grace Lutheran Church and each of their officers, directors, employees, agents, and volunteers from any and all claims, actions, demands, costs, liabilities, expenses or judgments whatsoever, including attorney's fees and costs, which are related to, arise out of, or are in any way connected with my child's participation in Camp Connect, including, but not limited to, claims of negligence or acts of omissions or some other cause of any kind or nature, whether foreseen or unforeseen, resulting in any loss or damage to property or any loss, bodily injury, or death to my child or other person.

I agree to waive, release and covenant not to sue Camp Connect, Colorado Play Therapy LLC, Sanam Pejuhesh LLC, Mia Bertram Counseling LLC, Grace Lutheran Church or any of their officers, directors, employees, agents and volunteers with respect to any of the aforesaid actions or causes of action which may hereafter arise for the benefit, directly or indirectly, of my child, as well as those that might have a cause of action, by, through or under my child, and agree that under no circumstances will I prosecute or present any claim for property damage, bodily injury, or death against Camp Connect, whether the same shall arise in whole or in part from the ordinary negligence of Camp Connect or the ordinary negligence, gross negligence or willful misconduct of any third party and whether such is the sole or a concurring cause of the property damage, bodily injury, or death. My child is in good health and physically able to participate in Camp Connect's activities. I hereby acknowledge that I am responsible for any medical costs incurred from any injury my child may sustain while involved in Camp Connect's activities. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. I understand that I may withdraw my child from Camp Connect at any time. I recognize that Camp Connect is not a substitute for psychotherapy. Participants in Camp Connect, including my child, may be photographed and such photographs may be used to publicize future events.

***By signing below, I hereby declare that I have carefully read, clearly understand and voluntarily sign this acknowledgement, waiver and release from liability by parent or guardian or minor child.***

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_