



Waiver and Release form for ELHS Summer Camps 2020

Camper Name

Date of Birth

Liability Release and Consent

I have registered my child for Evergreen Lutheran High School (ELHS) Summer Camp and authorize the staff to direct him/her in participation of camp activities. I know of no mental or physical problems which may affect his/her ability to safely participate in this camp. I authorize the camp staff to attend to any health problem or injury to my child that may occur while attending camp. I hereby release and hold harmless the ELHS Summer Camps, its employees, volunteers, agents and assigns from any liability that may arise from my child's participation in the camp. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is also understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Medical Release

I hereby give my consent to have my child treated by emergency medical personnel or hospital staff in case of sudden illness or injury while participating in ELHS Summer Camps. If the parents cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the ELHS Summer Camp Staff and volunteers, I authorize and direct the school authorities to send the camper (properly accompanied) to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

This Consent and Release for will be valid for any and all camps attended June -Aug. 2020.

Parent/Guardian printed name

Parent/Guardian Signature

Date