

Pleiades' Palette Medical Waiver and Release Form 2010

To be completed by parent or guardian, please print clearly, one camper per form

I, _____ agree that _____ may
(Parent or Legal Guardian) (Camper's First & Last Name)
participate in Pleiades' Palette Art Camp.

In consideration of participation in Pleiades' Palette, I agree, on behalf of the above named Child, his/hers heirs and representative to fully and forever release, discharge and Covenant not to sue Pleiades' Palette, their officers, agents, and employees (hereinafter referred to as RELEASES) from any and all liability, claims, demands, damages, actions, of causes of action, whatsoever arising out of a or related to belonging to my child, whether caused by the negligence of the releases, or otherwise, while participating in such activity or while in on or upon the premises where the activity is being conducted, or if needed, while transporting her to the nearest emergency facility.

To the best of my knowledge, the above named child can fully participate in all activities related to Pleiades' Palette Art Camp. I am aware of risks and hazards in connection with all activities, and my child hereby elects to voluntarily participate in camp activities. I voluntarily assume full responsibility for any risks or loss, property damage or personal injury, including death, which may be sustained by my child or any loss or damage to property owned by me or my child, as a result of being engaged in such an activity, whether caused by the negligence or releases otherwise.

It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs assigns and personal representative, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue the above named releases. I understand that Pleiades' Palette Art Camp will not be responsible for any medical costs associated with an injury my child may sustain. I also understand that I should and am urged by Pleiades' Palette Art Camp to obtain adequate health and accident insurance to cover any personal injury to my child that may be sustained during the activity or the transportation to and from said activity.

I HEREBY FURTHER AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF PLEIADES' PALETTE ART CAMP. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR THE COSTS OF ANY SPECIALIZED EVACUATION AND OF ANY MEDICAL CARE AND ACKNOWLEDGE THAT THESE COSTS ARE THE FINANCIAL RESPONSIBILITY OF THE UNDERSIGNED. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY PLEIADES' PALETTE ART CAMP PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.

In signing this release, I acknowledge and represent that I have read the foregoing waiver of liability and hold harmless agreement, understand it and sign voluntarily as my own free act and deed.

(Parent #1 printed name)

(Parent #2 printed name)

(Signature #1)

(Signature #2)

(Date Signed)

(Date Signed)