

PLEASE MAKE A COPY OF THIS DOCUMENT AND SHARE WITH
SUMMERTOPIA@TRINITY-MP.ORG

Summer Camp Waiver and Release of Liability Form

I hereby give my permission for my child(ren) to participate in Summertopia, Trinity School Summer Camp Program.

Participation in any program which involves physical activity exposes the camper to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the camper from all conceivable dangers.

I hereby affirm that my child(ren) has/have no conditions that would make it unsafe for him/her/them to participate in the camps program(s) selected.

I understand that we are in the midst of a global pandemic and that the highly contagious nature of COVID-19, and the fact that individuals infected with COVID-19 may be asymptomatic, creates a risk of infection from any activity involving contact with others. I understand and acknowledge that I am responsible for reviewing the School's health and safety protocols for Summer Camp and ensuring that I and my child(ren) follow those protocols. I acknowledge that the School has implemented reasonable preventative protocols, policies and procedures designed to reduce the spread of COVID-19 during Summer Camp. I voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 while attending Summer Camp.

I understand that the School may exclude my child(ren) from Summer Camp in the event that I or my child(ren) fail to abide by the School's health and safety protocols, disrupt, impede or interfere with the operations of the Summer Camp, or threaten the health, safety or welfare of other participants or Summer Camp staff, and that no refund of any fees will be made in such circumstances.

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child(ren), I hereby voluntarily release and forever discharge the School, its trustees, officers, employees, agents, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)'s participation in Summer Camp.

I agree, for myself and my child(ren), not to make any type of legal or equitable claim on the School, or any of its trustees, officers, employees, agents, insurers or contractors with respect to any injury I or my child(ren) may suffer, whether or not it arises through

the negligence, omission, default or other action of anyone affiliated with the School, including other campers.

I further agree that if any such claim is made, I will indemnify and defend the School with respect to any such claim, injury or damage.

Name of Camper/Age: _____

Signature of Parent/Legal Guardian: _____

Parent/Legal Guardian Full Name: _____

Date: _____

Photography Release: In consideration of child(ren)'s participation at the School, and without any further consideration from the School, I hereby grant permission to the School, staff and affiliates to utilize my child(ren)'s appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The School may use my child(ren)'s, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

___ I accept ___ I decline photography release for my child(ren)

Signature of Parent/Legal Guardian: _____

Parent/Legal Guardian Full Name: _____

Date: _____

General Outing Release

Parental Permission pertains to any special occasion involving walks to Sharon Park for Upper Campus students and walks around the neighborhood for Lower Campus students. I, the parent (guardian) of the named child, hereby, grant Trinity School permission to take my child on a walk to the aforementioned locations. I agree to direct my child to cooperate and conform to the directions and instructions of the school personnel and volunteers responsible for the activity. I agree that in the event my child

is injured as a result of his/her participation in the above named activity, including transportation to and from the activity, whether or not caused by negligence (active or passive) of the school program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be made against any accident, hospital, or medical insurance, or available benefit plan of mine or of other authorized guardians. I am not aware of any medical condition which would render it inappropriate for my child to participate in any such activity AND I hereby give permission to the physician selected by the supervisory personnel present to render medical treatment deemed necessary and appropriate by the physician.

Signature of Parent/Legal Guardian: _____

Parent/Legal Guardian Full Name: _____

Date: _____

Medical Consent Form

Please complete, sign, and return the attached forms to Trinity School at least three weeks before your camp session.

1. Camper Information and Health History
2. Camper Medication Information and Over-the-Counter Release
3. Consent and Release for Medical Treatment
4. Release of Liability, Voluntary Assumption of Risk, Indemnification and Waiver of Claim (California)

The information on these forms will help us provide appropriate care if or when necessary. Adult campers or legal parent/guardian of the camper may complete all information

Any changes to information on these forms should be given to camp staff upon arrival to camp. Please provide us with complete information so the staff can be aware of all needs.

CAMPERS CANNOT BEGIN PROGRAM ACTIVITIES UNTIL COMPLETED, SIGNED FORMS ARE ON FILE

CAMPER INFORMATION AND HEALTH HISTORY (COMPLETED BY GUARDIAN)

Last Name First/Middle Name M/F

Birth date / Age at Camp / Grade Entering in the Fall

Camp date(s)

If Camper is attending with a friend, Name of Friend

Home address City State Zip

Custodial Parent/Guardian Phone Mobile Phone (must be registered in US)

Second Parent/Guardian or Emergency Contact Phone Mobile Phone (must be registered in US)

Emergency Contact (If Above Not Available) Phone Relationship to Camper

Is the participant covered by family medical/hospital insurance? Yes No If so, indicate carrier or plan name _____

Group # _____

Name of insured _____

Relationship to participant _____

Policyholder insurance ID number

Name of family physician _____

Phone _____

Name of family dentist/orthodontist _____

Phone _____

Does the camper have any Allergies (including food, nuts, insect (bee) stings, hay fever, asthma, penicillin or other drugs, animal hair/fur etc.),

Yes/No

If yes, please list: _____

Disease (Hepatitis, Measles, heart disease/defect, epilepsy, diabetes etc.)

Yes/No

If yes, please give more detail: _____

Dietary Restrictions

Please list any special needs your camper requires (vegetarian, gluten-free, dairy-free, etc.) or Other Conditions (Migraines, nosebleeds, bed-wetting, sleepwalking, behavioral etc.) that we need to be aware of?

CAMPER MEDICATION INFORMATION AND OVER-THE-COUNTER RELEASE
(COMPLETED BY GUARDIAN)

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. ALL PRESCRIPTION AND OVER THE COUNTER MEDICATION MUST BE IN THE ORIGINAL PACKAGING/BOTTLE that identifies the prescribing physician, the name of prescription medication, the dosage, and the frequency of administration. Please bring enough medication to last the duration of camp.

☐ Participant takes NO medications (including over-the-counter or nonprescription drugs) on a routine basis.

☐ Participant takes the following medication (including over-the-counter or nonprescription drugs) on a routine basis:

Medication #1 _____

Dosage _____

Specific times taken _____

Reason for taking _____

Medication #2 _____

Dosage _____

Specific times taken _____

Reason for taking _____

Medication #3 _____

Dosage _____

Specific times taken _____

Reason for taking _____

Attach additional pages for more medications. Identify any medications taken during the school year that participant does/may not take during the summer:

Our school office does not carry several Over-the-Counter (OTC) medications; Please contact us if you have questions regarding Over-the-Counter Medications.

I, _____ hereby give Trinity School permission to administer the following over-the-counter medications, or suitable generic substitute, to the above participant, if the Medical staff deems it necessary.

Dosages will be administered according to directions on the bottle unless a physician directs otherwise. I hereby certify that my child has not in the past shown any allergic or other adverse reaction to any of the medications which you are hereby authorized to administer.

Parent/Guardian Signature _____

Date _____

CONSENT AND RELEASE FOR MEDICAL TREATMENT (MINOR)

In consideration of my child/ward's attendance at and participation in at Trinity School Camp and all associated activities and outings,

I, individually and on behalf of _____, a minor execute this Consent and Release for Medical Treatment (the "Consent") with Trinity School.

I understand and agree that this Consent shall be binding on my child/ward as well as any of my child/ward's guardians, representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns.

I represent and agree that I have the legal capacity and authority to enter into this Consent on behalf of myself and my child/ward. I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital or other medical or health care facility or provider ("Medical Provider") to provide medical care to my child for any illness, injury, and/or condition that occurs, manifests or arises at the Camp.

I acknowledge and agree that this Agreement is intended to be as broad and inclusive as permitted by law. If any provision is invalidated or unenforceable, the remaining terms of the Agreement shall not be affected thereby but shall be valid and enforceable to the fullest extent permitted by law. The invalid provision shall automatically be

replaced by a substitute provision which is valid and as nearly as possible maintains the same purposes and intention of the invalidated or unenforceable provision. I acknowledge and agree that this Agreement shall be interpreted in accordance with the laws of the State of California.

I HAVE READ AND UNDERSTAND THE FOREGOING AND ACCEPT AND AGREE TO ITS TERMS.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date: _____

Printed Name of Child/Ward: _____

Camper has had all immunizations/shots (DTP, TD, MMR, Polio, Tetanus) as prescribed by good medical practice (subject to the recommendation of Camper's own physician).

Yes No (If checked, please list any not up to date)

Date of last Tetanus shot _____