****Summer Camps & Clinics

**PARENT/GUARDIAN PERMISSION**

**& RELEASE INFORMATION**

**PARTICIPANT NAME:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In signing this application, I hereby give permission for my child to engage in all camp / clinic activities including field trips in which campers / clinic participants are transported in MCLA vans. In the case of inclement weather campers / clinic participants may be moved from the outdoor location to a safe indoor space.

I understand and agree that the camp / clinic staff has the right to dismiss my child for due cause. In case of medical emergencies, I understand every effort will be made to contact the parent or guardian of the participant as named in the Medical Release Form. If the named person(s) cannot be reached, consent is hereby given that my child may receive medical and/or surgical care as recommended by the attending physician or hospital.

In the event that I/we are not available at the appointed pick-up time, the following named person(s) are hereby authorized to pick up my child. I understand that my child will not be released to the person(s) named below unless they are able to present identification (eg. driver’s license):

**PERSONS AUTHORIZED TO PICK UP PARTICIPANT**

(Please include name & relationship to participant.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN (PRINT NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_

**The following forms are required prior to participation:**

* Parent/Guardian Permission & Release Information
* Medical Release
* Consent for Photographs / Website Posting
* Participant Code of Conduct

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**MEDICAL RELEASE**

I/We, have legal custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PARTICIPANT).

I/We hereby authorize a representative of the MCLA Camp staff, including the participant’s director and assistant, to consent to any x-ray examination, anesthetic, medical, surgical or dental treatment and/or hospital care to be rendered to the participant under the general or special supervision and on the advice of any licensed physician, surgeon or dentist. I/We further agree to be responsible for any medical, dental or hospital fees or costs associated with treatment of the participant.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN (PRINT NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Known Allergies or Medical Concerns:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNIFICATION**

In consideration of the MCLA Robotics Camp providing my camper with this camp program, I, nor my child will not, nor will our administrators, executors, heirs or assigns hold the Commonwealth of Massachusetts and MCLA, its trustees, officers, agents, employees, representatives and/or students liable for damages or injuries, including death, that my child may sustain, and I and my child, our administrators, executors, heirs or assigns, forever release, discharge and hold harmless the aforementioned parties from any and all claims, demands, liabilities, injuries, damages, attorney’s fees, actions or causes of action whatsoever stemming from injury or damage to any person that arises from, or is connected to, Robotics Camp participation and/or the operation of any equipment loaned to me by the Robotics Camp (such as, but not limited to: hot glue guns, soldering irons, model rocket launching). I understand that participation in the Robotics Camp can include foreseeable and unforeseeable risks and other hazardous activities inherent in the camp program. I freely choose for my child to participate in Robotics Camp with the knowledge of the potential risk involved and agree to assume all associated risk.

I have read this Agreement. By signing below, I acknowledge and agree to abide by the Agreement’s terms, and I agree that my failure to abide by the terms of this Agreement will impact my child’s ability to participate in the MCLA Robotics Camp.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN (PRINT NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CONSENT FOR PHOTOGRAPHS/**

**WEBSITE POSTING**

**PARTICIPANT NAME:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize and consent that the Massachusetts College of Liberal Arts and their representatives and assignees shall have the right to copyright, publish or use any and all photographic portraits or pictures, movie films including internet websites for educational purposes, computer/internet images, videotapes, and/or sound recordings they have taken or made of my child.

I understand the images of my child will be used for the purpose of educating parents, professionals, students and community members regarding the implementation and maintenance of quality education, marketing materials, including websites and electronic communications.

I hereby waive all claims for any compensation for such use or damages.

I hereby waive any right I may have to inspect and/or approve the finished product that may be used.

I hereby certify that I am duly authorized to enter in this agreement on behalf of my child. I state further that I have read the above authorization and release prior to its execution and that I am fully familiar with the contents thereof.

If I choose to revoke consent, I will advise the Massachusetts College of Liberal Arts of my revocation in writing.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN (PRINT NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_

I do not consent to publication with respect to my child.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN (PRINT NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_

****Summer Camps & Clinics

**CODE OF CONDUCT**

**PARTICIPANT NAME:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

While attending this camp, I will:

1. Remain at the camp / clinic at all times unless I am with the director or other camp / clinic staff.

2. Attend and participate in all sessions and activities unless otherwise specified.

3. Be on time for all activities.

4. Report any injuries to the Camp / Clinic Director.

5. Cooperate with other campers and staff members.

I understand that:

6. Participation in illegal activities will result in immediate expulsion from the camp or clinic.

7. Violations of the safety or well-being of any person will not be tolerated.

8. No refunds will be made to students dismissed from the program for violations of the participant code of conduct.

HAVE FUN! BE SAFE!

I have read and agree to abide by the Summer Camps & Clinics code of conduct.

PARTICIPANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_