



Camp YouCan Liability Waiver

Consent Form

The following consent agreement must be signed by a parent or legal guardian of the minor child in order for the child to attend Epilepsy Camp at Camp YouCan.

Your signature below indicates approval of the following:

1. In the event that my child, _____, participates at Epilepsy Camp at Camp YouCan during the 2014 session, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which my hereafter accrue to me, as a result of my child's participation in the Camp's activities. This release is intended to discharge in advance Epilepsy Camp at Camp YouCan and all of its agents, representatives, volunteers and employees from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with my child's participation in the activities of the Camp, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during camp activities, and that participants in camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to my child or to me (or to my heirs or assigns) for damages.

2. Epilepsy Camp at Camp YouCan accepts no responsibility for the loss, damage or theft of your child's property.

3. Should you as a parent or guardian, during the camp session, leave your place of residence; you will advise the camp administration where you can be contacted in the event of an emergency.

4. In case of medical and/or surgical emergency, you authorize Camp YouCan's medical staff to render to your child or to arrange for your child to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and it to be rendered under, the supervision of any physician, dentist or surgeon licensed to practice in the State of Nebraska.

5. Epilepsy Camp at Camp YouCan and its representatives have absolute permission to use your child's image in a photograph that pertains to the lawful programs and activities of the Camp.

All information is correct so far as I know and the child herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____ **Relationship to Camper:** _____

Camper's Name: _____

Camper's Age: _____ **Phone:** _____