

## **RELEASE OF LIABILITY FORM**

Child's Name:	Date of Birth:
Parent's Name:	Phone Number:
to obtain medical care for the Child and appropriate medical facility, if medical medical care provider to carry out any costs associated with such medical treaterpresent and warrant that the child have	ICAL INSURANCE: I authorize Safari Kid, at its discretion, d/or transport or arrange to transport the child to an attention appears to be necessary. I further authorize a emergency medical care as necessary. I agree to pay all atment and related transportation for the child. I as health insurance to pay any medical bills incurred for ive any right of subrogation against Safari Kid.
I, my assignees, heirs, distributes, guard against, sue or attach the property of S resulting from the negligence or other contractor/teacher at Safari Kid. I herel from all actions, claims or demands the representatives now have or may have child's participation offered by Safari Ki and the child concerning the risks of in shall reiterate all rules and instructions child's participation, and shall enforce a child is physically, mentally and emotion	tion of being permitted to participate I hereby agree that dians, or legal representatives will not make a claim afari Kid and its contractors/staff for injury, if damage acts, however, caused, by any employee, agent or by release Safari Kid and its employees and contractors at I, my assignees, heirs, distributes, guardians or legal hereafter have for injury, damage resulting from my id. I shall have the sole responsibility to educate myself jury or death and the benefits involved in the activity. I to the child. I shall make all the decisions concerning the all rules and instructions. I represent and warrant that the nally able to participate in all of the activities and follow a fully responsible and to pay for any damage or loss to
parts shall remain in effect. This agreer HAVE CAREFULLY READ AND UNDERSTO	court determines any part to be invalid, then all other ment shall be interpreted and governed by California law. I DOD AND VOLUNTARILY SIGN THIS RELEASE OF MY CHILD'S ENROLLMENT INTO THE SAFARI KID
Signature of Parent/Guardian:	Date:



## **General Release For Pictures/Videotaping**

Safari Kid staff will be taking pictures/videotaping kids as they participate in various activities throughout the Summer Camp. Our staff will be sharing a link of all the pictures/videos taken throughout the Summer Camp and/or posting pictures/videos on our social media pages. By signing this portion of the form, we have your permission to share links and post pictures/video on our online pages.

Parent/Guardian Signature:	Date:
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