

Powhatan Summer Camps Waiver

I grant permission for the Applicant, _____, to participate in all activities of the Powhatan School Summer Camp. I have no knowledge of any physical impairment that would be affected by the Applicant's participation in all programs selected. I understand because of the nature of some activities within the program, regardless of high degree of supervision, there is a potential for injury. If I cannot be contacted, I authorize Powhatan School Summer Camp to act for me according to their best judgement in any emergency requiring medical attention and to employ medical assistance for the Applicant in the event of illness or accident. I hereby waive and release Powhatan School Summer Camp, Powhatan School, and all staff, employees, volunteers, assistants, teachers, administrators, and board members from any liability due to, or arising out of treatment of, any illness or injury incurred by the Applicant while at Powhatan School Summer Camp. I authorize Powhatan School Summer Camp to exercise complete discretion in the choice of physician or other medical personnel for the Applicant. I authorize Powhatan School Summer Camp to act independently of me should immediate action be deemed necessary for the safety and well being of the Applicant.

Signature of Parent/Guardian: _____ Date: _____

Printed Name _____

Photo Release

As indicated below, I do or do not grant permission for representatives of Powhatan Summer Camp to photograph my child, _____, and publish his/her image on the Camp website, for display purposes, and in promotional materials such as camp brochures. Children will not be identified by name in any public arena.

Please check the appropriate statement, sign and date.

I do grant permission as stated above.

I do not grant permission as stated above.

Signature of Parent/Guardian: _____ Date: _____

Printed Name _____