

2019 Summer Camp
Medical Form/Liability Waiver/Photo Release

Child's Name: _____

Allergies: _____

Dietary, Physical or Social Limitations: _____

Medications: _____

**Please note: Bellevue College staff members are not permitted to administer medications to students. Any epi-pens, or other medications left at camp, will need to be operated by your child.*

Please read and sign the following

I, the undersigned parent or guardian of _____, a minor, do hereby CONSENT to his/her participation in the Bellevue College Summer Camp from August 19-23, 2019 (hereafter referred to as the **activity**) and sponsored by the Science and Math Institute at Bellevue College and the Arts & Humanities Division at Bellevue College.

I forever RELEASE and discharge Bellevue College and its employees, and agents (hereinafter collectively referred to as "Bellevue College"), from any and all claims, damages, losses or expenses of whatever kind or nature which I may have or acquire resulting, directly or indirectly, from said minor's participation in the activity. I also RELEASE and discharge Bellevue College from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in this activity.

I hereby authorize Bellevue College's employee(s) or agent(s) who is supervising said minor, to act on our behalf in authorizing and consenting to emergency medical care including surgery, if necessary, dental care, and/or hospitalization for said minor if he/she becomes ill or is injured while participating in the activity. This Authorization and Consent may be presented to the appropriate medical/dental staff at such time as emergency medical care, dental care or hospitalization is required. I hereby RELEASE and discharge Bellevue College from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care, dental care or hospitalization during the activity.

I have read the above agreement, understand and accept its terms and consequences, and freely, voluntarily, and knowingly sign this waiver.

Printed Name: _____ Signature: _____ Date: _____

Relation to child: _____ Phone Number: _____

Pick-up Information

List the names of anyone who will be picking your child up from the above activity. Your child will **only** be released to the people on this list. Please note this procedure is for the safety of your child.

Photo Authorization

I authorize Bellevue College to use my child's name and photograph for education and public relations purposes related to SAMI and/or Arts & Humanities programs.

Signature: _____ Date: _____