

KidOne Camps Authorization and Release

_____ I hereby authorize _____ (my child or ward, the “child”) to participate in the KidOne camp and in all activities involved with the camp.

_____ I understand that my child or ward will be under the supervision and care of the KidOne staff.

_____ I understand that I must identify any behavioral and/or health concerns to the KidOne staff prior to the day of the program.

_____ I hereby release, and agree to indemnify and hold harmless, KidOne, and all its directors, employees, agents and representatives from and against any and all liabilities, loss, or damage to persons or property which may occur in connection with the program, to the fullest extent permitted by law.

_____ I agree to assume all risks associated with my child’s participation in the camp.

_____ I give permission for my child to be photographed and/or videotaped for promotional purposes.

Signature of Parent _____

Date _____

Printed name of parent/guardian _____

This form applies to the whole year of: _____

By Signing this document you agree that you have notified KidOne camps of any allergies, or concerns regarding the participant.

Printed name of participant _____ Participant

Age _____

Is the child in good health? YES NO

Any Allergies or Health

Concerns _____

Any other concerns _____

First Emergency Contact _____

First Emergency Contact

Number _____

First Emergency Contact Relationship to

Child _____

Second Emergency Contact _____

Second Emergency Contact

Number _____

Second Emergency Contact Relationship to Child _____