

## ***Student Medical Release & Waiver***

(Please read, sign, and date this contract)

**Name of Student (Print):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Date of Camp (MM/DD/YY):** \_\_\_\_\_ - \_\_\_\_\_

I realize that children at camp can injure themselves accidentally, without any fault on the part of Old Oak Ranch Gold Camp personnel. The above named person and his/her representatives agrees to indemnify and hold harmless Old Oak Ranch Gold Camp, its officers, agents and employees from and against every expense, including attorney's fees, liability, or payment by reason of any damages or injury to person (including death) or property (including loss of use or theft thereof) arising out of or in connection with this camp program, including use of contracted camp properties, facilities, equipment or vendors. In the case of any dispute between and injured party and Old Oak Ranch Gold Camp – the injured party shall agree to a binding arbitration hearing by a panel of one. I understand that insurance is the responsibility of each teacher, student, and chaperone and is not provided by Old Oak Ranch Gold Camp. The student named on this form has my consent to attend camp and to participate in all camp activities, on or off the camp property, unless noted below. In the event I cannot be reached in an emergency, I give my permission to Old Oak Ranch Gold Camp and/or attending medical service personnel or physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for my child. I understand that all expenses for services rendered will be billed to me, as the parent or legal guardian, or my insurance company.

I understand that all camp staff and school representatives will make every effort to treat my child fairly, offering clear direction and appropriate discipline according to the printed guidelines of the camp and standard practices of the school. In the unlikely event my child refuses to conform to the standards of conduct expected of all students and staff while at camp, or if my child poses a threat to the safety of himself/herself or others, I agree to immediately removed my child and their belongings from camp at my own expense upon notification by a camp or school representative and agree there will be no refund of any camp fees paid.

**Name of Parent/Legal Guardian (Printed):** \_\_\_\_\_

**Name of Parent/Legal Guardian (Signed):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Day Phone: ( )** \_\_\_\_\_ **Eve. Phone: ( )** \_\_\_\_\_

**EMERGENCY CONTACT (if Parent or Legal Guardian cannot be reached)**

**Name:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_

**Camper Medications:** (Please include name of medication, dosage & use)

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I give Old Oak Ranch Gold Camp my permission to use any quotes and still or moving pictures of my child taken during camp to be used in print or electronic form for promotional purposes. I understand that Old Oak Ranch Gold Camp will do everything in its power to protect the identity of my child in all promotional uses.

**Additional Information, Activity Restrictions at Camp & Reason noted on reverse side of this form**