

College of Charleston Elementary Engineers Camp Release, Emergency Medical Authorization, and Participation Agreement

Child's Name: _____ Child's School: _____

The College of Charleston's Elementary Engineers Camp will be held on **June 25th – August 5th, 2016** at the Education Center at the College of Charleston located at 25 St. Philip Street. Camp will run **Monday – Friday from 10:00am – 2:00pm.**

Transportation

Bus service will not be provided. Your student must be dropped-off and picked-up daily.

Aside from myself, these are the people authorized to pick-up my child:

1. Name: _____ Relationship to child: _____
2. Name: _____ Relationship to child: _____
3. Name: _____ Relationship to child: _____

Emergency Information

In Case of an emergency whom should we contact if we can't reach you?

- 1) Name: _____ Relationship to child: _____
Phone #1: _____ Phone #2: _____
- 2) Name: _____ Relationship to child: _____
Phone #1: _____ Phone #2: _____

Please list any special medical concerns and allergies:

Release, Emergency Medical Authorization, & Participation Agreement

I, _____ (print full name of parent or legal guardian) understand that the participation of my child, _____ (print full name of minor) (hereinafter "Minor") in the College of Charleston's Elementary Engineers Camp (hereafter "Camp") to be held on the College of Charleston ("the College") Campus in the Education Center from _____ (date) to _____ (date) requires my agreement to certain conditions. In consideration of my child's participation in such a program, I hereby understand, acknowledge and agree to the following terms and conditions:

1. I am the legal parent or guardian of the minor participant named above.
2. I fully understand and appreciate the dangers, hazards, and risks inherent in the Camp, in the transportation to and from the Camp, and in any other endeavors the Minor may undertake supplemental to the Camp. These dangers, hazards, and risks can result in injury and impairment to the Minor's body, general health and well-being, and could include serious injuries, illnesses, or medical conditions. I also understand that these dangers, hazards, and risk could include loss or damage to personal property.
3. Knowing the dangers, hazards, and risks of such endeavors, and in consideration of being permitted to participate in the Camp, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the "Releasers"), I agree to assume all the risks and responsibilities surrounding the Minor's participation in the Camp, the transportation to and from the Camp, and in any other effort associated with, or that the Minor may undertake supplemental to the Camp. On behalf of myself and the Releasers I hereby covenant not to sue the the College of Charleston, and its trustees, officers,

representatives, agents, and employees (“Releasees”), and I hereby release, waive, and forever discharge the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of or related to the Camp, whether caused by the negligence or carelessness of the Releasees or otherwise. I further agree to indemnify and hold harmless the Releasees from and against any loss, liability, damage, or cost, including court costs and attorneys’ fees, which may arise due to the Minor’s participation in the Camp. It is my expressed intent that this Agreement shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant no to sue the Releasees.

4. In case of damage of any kind to the Education Center or other property of the College arising out of any act or omission of the Minor/Releasor, the Releasor shall pay such amounts as shall be necessary to put the said property, as the case may be, in as good an order and condition as the same were at the commencement of the this Agreement.

5. I understand, agree and hereby grant Releasees permission to authorize emergency medical treatment for the Minor, if necessary, during the conduct of the Camp and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

9. By signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement. I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same. The Minor has no health-related reasons or problems which preclude or restrict his/her participation in the Camp, and I have adequate health insurance necessary to provide for and pay any medical costs that may arise as a result of an injury to the Minor. I recognize that the College of Charleston (“College”) is not obligated to provide for any of the Minor’s medical or medication needs or insurance and that I assume all risk and responsibility for those needs.

10. I further agree that this Agreement shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Print Name of Minor: _____

I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR STATED ABOVE. I AFFIRM THE TRUTH OF EACH REPRESENTATION AND ON BEHALF OF THE MINOR AND ALL “RELEASORS,” AS DEFINED IN PARAGRAPH 2 ABOVE, I AGREE TO EACH AND EVERY TERM AND CONDITION OF THIS *LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT*.

(Print) Parent or Guardian

Signature

Date

