



Release Form

I/We the parent(s) or the guardian(s) of _____, for and in consideration of my/our child being a camper at Camp Alexander of Emporia, Kansas, hereby agree as follows:

1. In the event of injury to my child, I hereby consent and authorize the administration of all treatments and tests that may be considered advisable or necessary in the judgement of any qualified medical personnel: and
2. I understand that as a condition of my child being a camper, **I will complete medical insurance coverage for any medical expenses which may be incurred. All medical bills will be sent to me for payment or for forwarding to my insurance company.**
3. I/We have read and understood this form and information about Camp Alexander provided me and I/We hereby give my/our approval for my/our child to be a camper and to participate in any and all camp activities including, without limitation, the following: swimming, canoeing, fishing, field games, adventure course, nature trail, basketball, crafts, volleyball, disc golf, etc.
4. I/We assume all risks and liabilities which may result from my/our child participating as a camper and release and forever discharge and hold harmless the Camp, its employees, representatives and agents from any and all actions, causes of action, claims, demands and liabilities arising out of injury to or damage sustained by my/our child.
5. I/We agree to indemnify the Camp against any and all liability or loss, and against all claims or actions caused upon or arising out of damage or injury to persons or property caused by my/our child.
6. I/We understand that official videos and still photographs are taken at camp events throughout the summer. My child's registration constitutes permission to use my child's picture if it appears on video, still photographs or the Camp Alexander webpage.

Parent/Guardian signature: _____

Date: _____