



Release Form

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

1. In the event of injury to my child(ren), I hereby consent and authorize the administration of all treatments and tests that may be considered advisable or necessary in the judgment of any qualified medical personnel: and
2. I understand that as a condition of my child(ren) 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(ren) 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(ren) 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(ren).
6. I/We understand that official videos and still photographs are taken at camp events throughout the summer. My child(ren)'s registration constitutes permission to use my child's picture if it appears on video, still photographs or the Camp Alexander webpage/social media account.
7. By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the day camp or similar activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I further agree that for each day my child(ren) attend Camp, that I take full responsibility for assessing my child(ren) for symptoms of COVID-19 each day before they are dropped off at Camp and will not allow my child(ren) to attend camp on any day in which they meet the CDC criteria for symptoms of COVID-19 or if my child(ren) are required to quarantine as a close contact. If my child has been diagnosed with COVID-19 I agree

to notify the Camp Director. I hereby release and agree to hold Camp harmless from any causes of action, claims, demands, damages, costs, expenses and compensation for damage to myself or my child(ren) that may be caused by any act, or failure to act, or that may otherwise arise in any way with my child(ren)'s participation at Camp. I understand that this release discharges the Camp from any liability with respect to bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received. This liability waiver and release extends to Camp Alexander's Board of Directors and its employees.

Parent/Guardian signature: _____

Date: _____

Revised March 2022