Harambee Cultural Society

Waiver of Liability / Release of Claim

The undersigned warrants and represents that he/she is a camper, or is a parent or legal guardian of a below described camper (hereinafter referred to as the “Camper”), and that the undersigned possesses the authority to execute this Waiver of Liability / Release of Claims on behalf of the Camper. If you are a foster parent, please consult your government agency for permission to sign this form.

I/We, both personally and as the parent(s) of the below stated Camper, understand and acknowledge that there are inherent risks and dangers in the activities and programs offered by this Society.

In consideration of the Society allowing me and the Camper(s) to participate in the camp activities, I/We hold the Society and its volunteers harmless of any accidents/injuries relating to the activities, programs, and transportation services rendered by the Society. I/We release and waive any claims that I/We or the Camper may have or may in the future have against the Society and its volunteers, from any and all liability for any loss, damage, expense or injury, including death, that I/We or the Camper may suffer or that my/our next of kin may suffer, as a result of participation in the camp activities due to any cause whatsoever. The Camper has permission to engage in all camp activities except if noted.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Society to secure and administer treatment, including hospitalization, for the person(s) named below. I give permission to the Society to arrange necessary related transportation for me/my child. This completed form may be photographed for trips out of camp.

**Campers Names** (List your name and the names of all persons who will attend the camp with you. Use extra copies if this space is not enough.

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| Camper Name | Camper Signature (or parent/guardian signature if minor and print adult name) | Minor?Y / N |
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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_