



## CAMPS AND ENRICHMENT PROGRAMS ACKNOWLEDGEMENT OF RISK FORM

I am the parent and/or legal guardian of the camp participant, a minor child under the age of 18 years. I would like to have my child participate in a George Mason University (UNIVERSITY) camp and enrichment program (CAMP/PROGRAM).

In consideration for my child being allowed to participate in this CAMP/PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. This CAMP/PROGRAM affords my child the opportunity to participate in the specific activities included in the CAMP/PROGRAM. I understand there are inherent risks and dangers involved in all camps, including, but not limited to, food/drink allergies, the risk of serious physical injury, temporary or permanent disability, and death, as well as property loss and I choose to voluntarily allow my child to participate in this CAMP/PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation whether known or unknown.

2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this CAMP/PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

3. I know of no medical reason why my child should not participate in the activities related to this CAMP/PROGRAM.

4. I agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in the CAMP/PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Name of parent and/or legal guardian \*

Name of camp participant \*

Name of camp and enrichment program

Freedom Aquatic & Fitness Center Summer Camps

Camp Dates:

2019

**Signature of parent and/or guardian**

**Today's date**

**Acceptance**

\* e

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.



George Mason University City of Manassas Prince William County

# CAMPS AND ENRICHMENT PROGRAMS PARTICIPANT CONDUCT AGREEMENT

**Program/Camp Name (hereafter "Program"):** Freedom Aquatic & Fitness Center Summer Camps

**Date(s):** 2019

**Time (s):** Between 6:30am - 6:30pm

**Participant Name (hereafter "Participant"):** \*

**Parent/Guardian Name:** \*

Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the Program due to his/her misconduct, including but not limited to transportation costs to return the Participant home.

## PARTICIPANT AGREEMENT

I understand that as a condition for participating in the Program that I must comply with the Program's rules and standards of conduct and follow all direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the direction of Program Staff may result my being dismissed from the Program with no refund.

**Participant's Signature:** \*

**Today's date:** \*

## PARENT/LEGAL GUARDIAN AGREEMENT

I have received and read the participant code of conduct provided by the Program. I understand that my child will be subject to the rules and standards of conduct of the Program and George Mason University. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child's dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home.

**Signature of parent and/or guardian** \*

**Today's date** \*

**Acceptance** \*  I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.



George Mason University City of Manassas Prince William County

## CAMPS AND ENRICHMENT PROGRAMS PICK-UP AUTHORIZATION

**Participant Name:** \*

**Parent/Legal Guardian Name:** \*

**Program Name:** Freedom Aquatic & Fitness Center Summer Camps

**Program Dates:** 2019 **Time(s):** Between 6:30am - 6:30pm

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age (A valid State I.D. is required). The above-named Participant will not be permitted to leave the Program with anyone who is not listed below. Authorized individuals must pick up children in person and will be requested to show identification to Program staff when picking up a Participant. Participants will not be released to persons who fail to provide acceptable identification upon request.

**Please list any individual who is authorized to pick up your child, including yourself:**

Authorized Person	Phone Number	Relationship to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**The following individuals are not permitted to pick up my child:**

Un-Authorized Person	Brief Physical Description	Relationship to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Signature of parent and/or guardian** \*  **Today's Date** \*

**Parent/Guardian Phone Number** \*

**Acceptance** \*  I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.



# CAMPS AND ENRICHMENT PROGRAMS PHOTO, AUDIO, VIDEO AND COMMENT RELEASE

for subjects under 18

**Camp/Event Name:** Freedom Aquatic & Fitness Center Summer Camps

**Participant's Name:** \*

**Address:** \*

**City:** \*  **State:** \*  **Zip:** \*

**Phone:** \*  **Email:**

## GENERAL RELEASE

I am the Parent/Guardian of the above-named student who is under eighteen years of age and am fully competent to sign this release. I hereby grant permission to George Mason University the absolute and irrevocable right and permission, with respect to photographs, videos, and audio recordings taken or made of and/or comments made by the above-named student or in which the student may be included with others; to use, re-use, and publish the same in whole or in part in any and all media including use on the world wide web, now or hereafter, and for any purpose whatsoever for illustration, promotion, art, recruitment, publication, advertising, and trade, and if appropriate, to use the student's name and pertinent education and/or biographical facts as George Mason University chooses. Use of photographs, videos, comments, and audio recordings is granted without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) and I waive any right to inspect or approve the finished versions incorporating the photograph, video, audio recording, and/or comments including written copy that may be created and appear in connection therewith.

I agree that George Mason University or other third party owns the copyright in these photographs, videos, and/or audio recordings and I hereby waive any claims I may have based on any usage of the works derived therefrom. I hereby fully and forever discharge and release George Mason University and its employees, agents, assigns, licensees, successor in interest, and legal representatives from any claim for damages or claims of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) or any other cause of action arising out of the use or publication, distribution, modification and exhibition of photographs, videos, audio recordings, and/or comments by the University, and covenant and agree not to sue or otherwise initiate legal proceedings against the University. The photographs, videos, audio recordings, and/or comments will not be sold to any other firm or organization.

I am not a minor and have the right to contract in my own name and the name of the above-named student. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives, and assigns.

**Signature of parent and/or guardian** \*  **Today's date** \*

**CONSENT:** I hereby certify that I am the parent or guardian on the above named minor and do hereby give my consent without reservations to the foregoing on behalf of my child. This release shall be binding on me and my heirs, legal representative, and assigns.



## MEDICAL AUTHORIZATION TO TREAT

University (conducted/managed/operated) Programs

George Mason University requests the following information so the Program staff can arrange for medical care in the event of an emergency. You are responsible for providing accurate and complete information.

Program/Camp Name: Freedom Aquatic & Fitness Center Summer Camps  
 Date(s): 2019 Location: Freedom Aquatic & Fitness Center

### GENERAL INFORMATION

Participant Name: \*   
 Street Address: \*   
 City: \*  State: \*  Zip: \*   
 Phone Number: \*  Cell Number:   
 Date of Birth: \*  Gender: \* -- Please Select --

Previous Child Day Care Programs & Schools attended:   
 If child attends another summer program please give name of program(s):   
 Grade camper will be entering in Fall:

### PRIMARY PARENT/GUARDIAN NAME:

Last: \*  First: \*  MI:   
 Address: If different from above   
 Phone Numbers: Home: \*  Cell: \*  Work:   
 Relationship to camper: \*  Email:   
 Employer Name: \*  Address: \*

### SECOND PARENT/GUARDIAN NAME:

Last: \*  First: \*  MI:   
 Address: If different from above   
 Phone Numbers: Home: \*  Cell: \*  Work:   
 Relationship to camper: \*  Email:   
 Employer Name: \*  Address: \*

### PHYSICIAN CONTACT INFORMATION:

Name: \*  Phone: \*

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary):

**\*FIELD TRIP PERMISSION (REQUIRED)** YES NO N/A  
e e e

My child has permission to participate and be transported to Freedom Aquatic & Fitness Center field trips. If "NO" please be sure to communicate on the Monday of each camp week to a Head Camp Counselor and arrange for care outside of Freedom Center.

**\*SWIMMING RELEASE (REQUIRED)**

My child has permission to swim during the camp program. YES NO N/A  
e e e

My child's swimming ability is: Non-Swimmer Beginner Swimmer Experienced Swimmer  
e e e

**In the event of an emergency the below information will be provided to emergency first responders: Allergies - Include medication, food and others (insect stings, asthma, animal dander etc.) Describe reaction and management of the reaction.**

Allergy:  Reaction and Management:

Allergy:  Reaction and Management:

My child has been prescribed an EpiPen e

**Medications:** A Virginia Department of Social Services Medication Authorization Form is required for each medication. Medication should be in the original packaging/bottle that identifies the prescribing physician (if prescription), the name of the medication, the dosage, and the frequency of administration. ([Medication Authorization Form](#)) (\*forms can be emailed or dropped off if preferred)

**EMERGENCY CONTACT INFORMATION**

List at least two and up to four individuals who may be contacted in case of emergency involving your child. Each person listed should be reachable by telephone and able to make decisions on behalf of your child if a parent and legal guardian cannot be reached. If necessary, an emergency contact should be able to come to the Program site and pick up your child.

Contact Name:

Relation:

\*  Address \*  \*

Home \*  Work  Cell \*

\*  Address \*  \*

Home \*  Work  Cell \*

Address

Home  Work  Cell

Address

Home  Work  Cell

## INSURANCE INFORMATION

Does the participant have health/accident insurance? \*

Company Name/Address:

Policy Number:

**George Mason University does not offer any form of health, liability or other types of insurance for the participant while participating in the Program.**

## AUTHORIZATION FOR MEDICAL CARE

To the best of my knowledge, my child/participant is capable of participating safely in the Program and that any activity restrictions, allergies, and medications are listed on this form.

I give my permission to Program staff to provide routine first aid care and in the event of serious illness or injury, I give Program staff permission to seek and authorize emergency medical treatment. I also agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my child that may occur during his/her participation in this Program.

I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name, I represent that I have provided all materials and important information to the Program pertaining to Participant's medical, mental and physical condition, and that it is accurate and complete. I agree to notify the Program of any changes in mental, physical or medical condition before the Program begins.

The child day center agrees to notify the parents(a)/guardians(s) whenever the child become ill and the parents (s)/guardian(s) will arrange to have the child picked up as soon as possible if so requesteed by the center.

The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Signature of parent and/or guardian \*

Today's date \*

Acceptance \*  I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Signature of parent and/or guardian

Today's date

Acceptance  I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.



## CAMPS AND ENRICHMENT PROGRAMS ADDITIONAL DOCUMENTS AND CAMP SPECIFIC WAIVERS

**Parents/Guardians:** The following documents they may be emailed or dropped off to the Freedom Aquatic & Fitness Center if you choose not to submit electronically.

### **REQUIRED:**

**Physical Examination** (within 1 year)

**Camp Physical Form** ( a physical from a physician in also acceptable)

### **Immunization Records**

### **Proof of Birth, one of the following:**

- Certified Copy of child's birth certificate
- Birth Registration Card
- Notification of Birth
- Passport

### **ADDITIONAL / CAMP SPECIFIC FORMS:**

**Camp Sunscreen/Bug Spray Authorization Form** (if applicable)

**Sunscreen/Bug Spray Authorization Form**

### **Paintball Camp**

**Paintball Camp Waiver**

### **Equestrian Camp**

**Equestrian Waiver**

### **American Inline Skate Camps**

**American Inline Skate Waiver**

### **Fishing, Mountain Biking, Outside, Kayak Fishing, Fish N'Fun Camps**

**Virginia Fishing Adventures-Virginia Outside Waiver**

### **Leading Edge, Rock Climbing, Nature Camps**

**Edge Acknowledgment of Risk Form**

### **Additional form for Rock Climbing**

**Sportrock Indoor Climbing Agreement**