



STUDENT RELEASE, EMERGENCY & INFORMATION FORM

PRINT Student Name (first, middle initial, last): _____

Address, City, State, Zip: _____

Camps/Dates Student is Attending: _____

FOR PARENTS:

I (print name), _____, as the parent of/guardian of (print name) _____ undersigned, as the parent/guardian release my child to attend the "CAMPS/DATES" as described above.

By signing below, I agree that all requirements, directions and standards set by the staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of my child participating in the aforementioned youth program. I understand any violation of these standards by my child may result in immediate dismissal without tuition refund. I grant permission for any camp related pictures taken containing my child may be used for future promotional purposes. Considering HACC's efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or lost to my child or my child's property that may arise out of his/her participation in aforementioned youth program. Further, I release HACC, its Board of Trustees, officers, employees and agents associated or connected with the aforementioned youth program from every claim, liability or damage of any kind caused by negligence of HACC, its Board of Trustees, officers, employees or agents involved or otherwise that may result from my child's participation in the aforementioned youth program.

I assure HACC that there are no medical, physical, or other reasons that preclude my child from participating in the aforementioned youth program. I authorize HACC to obtain such medical care, emergency or otherwise, that it may, in its sole discretion, deem necessary for my child. Further, I assure HACC that I have adequate Health insurance or personal funds to provide payment for all costs of medical care necessary for my child. I agree to indemnify and hold harmless HACC for any costs associated with such care.

Parent Signature: _____ Date: _____

FOR STUDENTS:

By signing, I agree that I, (print name) _____, am a minor under the age of 18. Although a minor, I along with my parent(s)/guardian(s) are aware of the risks involved with participating in the aforementioned youth program. I understand that by participating in the aforementioned youth program I am required to follow all rules, policies, and standards set by HACC youth program staff for the safety and well-being of myself and other students, staff, and volunteers. By signing, I understand that failure to follow or violation of said rules, policies, and standards set by HACC youth program staff may result in immediate dismissal without tuition refund.

Student Signature: _____ Date: _____

Emergency Contact Information ... in the event an emergency occurs during youth programming, please contact:

Please Print Name:	Work/Home Phone:	Cell:
Please Print Name:	Work/Home Phone:	Cell:

Medical/Allergy Information .. please list any medical or allergy information for which staff should be aware:
