

Waiver for Camp Fun 2021

ASSUMPTION OF RISK

We, as parent/guardians of _____, understand that there is a degree of
Name of Student
risk involved when young children play and work in a preschool setting. We hereby accept and assume this risk as a normal consequence of such activity.

Signature of parent/guardian _____ Date _____

Name of Parent/ Guardian _____

Signature of parent/guardian _____ Date _____

Name of Parent/ Guardian _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT AND GENERAL RELEASE AND DISCHARGE OF LIABILITY

In case of medical emergency, we understand that every effort will be made to contact the parents/guardians, of the students. In the event that we cannot be reached in such an emergency, we the parents/guardians of _____ (hereinafter "Our Child"), do hereby authorize CAMP FUN personnel to consent

Name of Student

to x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to Our Child under the general or special supervision and on the advice of any physician, surgeon, and EMS personnel duly licensed to practice, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to Our Child by any dentist duly licensed. In the event that an emergency arises and CAMP FUN personnel have not been able to notify us or the other responsible parties, we agree to be responsible for any charges for diagnosis or treatment of Our Child consented to by CAMP FUN personnel.

Additionally, we, the undersigned, jointly and severally, as parents and guardians of the minor child, release and discharge CAMP FUN, St. James Day School (the "School"), St. James Episcopal Church (the "Church"), and the Episcopal Diocese of Upper South Carolina (the "Diocese"), their administrators, teachers, personnel, clergy, staff, wardens, vestry, and all other persons affiliated in any way with the operations of CAMP FUN, the School, the Church, or the Diocese from any and all liability, claims or demands arising from the above-named minor's participating in the programs of CAMP FUN, specifically to include any and all claims for personal injuries sustained while present on the property of the CAMP FUN or of the School or of the Church or while participating in said programs.

Signature of parent or guardian _____ Date _____

Name of Parent/ Guardian _____

Signature of parent or guardian _____ Date _____

Name of Parent/ Guardian _____

GENERAL RELEASE AND DISCHARGE OF LIABILITY

We, as parents and guardians of the minor child _____, release
Name of Student
and discharge CAMP FUN, St. James Day School (the "School"), St. James Episcopal Church (the "Church"), and the Episcopal Diocese of Upper South Carolina (the "Diocese"), their administrators, teachers, personnel, clergy, staff, wardens, vestry, and any volunteers acting in CAMP FUN's behalf, and all other persons affiliated in any way with the operations of the CAMP FUN, the School, the Church, or the Diocese from any and all liability, claims or demands arising from the above-named minor's participating in this program of CAMP FUN, specifically to include any and all claims for personal injuries sustained while participating in said program.

Signature of parent or guardian _____ Date _____

Name of Parent/ Guardian _____

Signature of parent or guardian _____ Date _____

Name of Parent/ Guardian _____

MEDICAL AUTHORIZATION AND COVID-19 RELEASE AND HOLD HARMLESS AGREEMENT

We (I) as parent and/or legal guardians of _____, hereby give our (my)
(Child's Name)
permission for our (my) child to participate in any CAMP FUN sponsored activity (including but not limited to all daycare and preschool education classes and activities, individual and group activities, athletic activities and events, and off-campus field trips and activities (collectively, the "Program"). We (I) further understand and agree to the following:

- (i) As a result of the COVID-19 pandemic, there are substantial risks and uncertainties from engaging in activities like the Program that involve contact with other persons, including the risk of contracting COVID-19 or infecting others with COVID-19, and We (I) acknowledge that infection with COVID-19 carries with it increased risk of serious illness or death, including illnesses not currently known to be associated with COVID-19. (As used in this Agreement, the term COVID-19 refers to the virus SARS-CoV-2, any variation or mutation thereof, and any disease caused thereby (including the disease commonly referred to as COVID-19.)
- (ii) Participation in the Program is purely voluntary; no one is requiring or forcing our (my) child to participate, and We (I) are electing for our (my) child to participate in spite of the risks, both known and unknown.
- (iii) My child is, to the best of our (my) knowledge, in good physical health and able to participate in the Program. I have noted in the space below any special dietary, allergic or other medically-related needs of which we (I) are aware.
- (iv) Upon our (my) child's arrival each day, we (I) will need to answer a series of questions about our (my) child's health, and our (my) child will have his/her temperature taken. We (I) understand that if our (my) child has a temperature of 100.4 degrees or above (or such other level as may be determined by the CDC or other health authorities to be indicative of illness), or is otherwise showing signs of illness, our (my) child will not be permitted to enter St. James' building for at least 48 hours.
- (v) St. James, the Day School, and CAMP FUN, cannot guarantee that the Program (or any portion thereof) will occur as planned and reserves the right to cancel or modify any or all of the Program (including but not limited to the right to close the St. James campus or portions thereof, and/or transition all or part of instruction to online, remote, or distance learning) if circumstances require.

Initials _____

Release and Indemnification

We (I) **agree to release and discharge** CAMP FUN, the St. James Day School, St. James Episcopal Church, and the Episcopal Diocese of Upper South Carolina and their respective officers, directors, agents, employees, administrators, clergy, and volunteers (the “Released Parties”) from liability for any potential claims, actions, or causes of action whatsoever for injury, damage, or harm related to COVID-19 or other pandemic diseases arising out of or relating to our (my) child’s participation in the Program, including those caused by a Released Party’s negligence (the “Released Claims”). We (I) **agree to defend, indemnify, and hold harmless** the Released Parties with respect to any claim made against them arising in any way from the Released Claims. The release and indemnification provisions of this agreement expressly pertain to negligent conduct, and are without reservation of any kind except only for claims and injuries to the extent that they arise solely and exclusively out of grossly negligent, intentional, willful, or wanton wrongdoing of particular Released Party in question.

Medical Authorization

In event of an emergency, we (I) hereby authorize CAMP FUN’s agents or employees to take necessary steps to obtain emergency medical care including but not limited to the following: (1) attempting to contact us (me) at the telephone numbers provided below or to contact such other persons as may be designated as an alternate emergency contact on this agreement; (2) attempting to contact any physician designated on this agreement; (3) if such contact cannot be reasonably made, and/or if deemed necessary, in CAMP FUN’s or St. James’ sole discretion, CAMP FUN, the Day School, or St. James’ agents or employees are authorized to proceed to procure emergency medical services, including execution of any and all documents, including medical releases, as may be required by any licensed medical facility or physician to perform necessary emergency care on our (my) behalf.

We (I) acknowledge that any related medical expenses related to this agreement are our (my) responsibility.

Name: _____ Relation: _____

Work Phone: _____ Home/Cell Phone: _____

Emergency Physician Contact:

Physician: _____ Telephone: _____

Insurance Carrier: _____ Policy No.: _____

Any special dietary, allergic or other medically related needs:

Initials _____

Signatures

I have carefully read this Agreement, and I understand that by signing it, I am relinquishing substantial legal rights, including the possible right of financial recovery for injury, death, loss, or damage.

Signature of parent or guardian _____ Date _____

Parent/Guardian Name _____ Work Phone _____

Home/Cell Phone _____

Signature of parent or guardian _____ Date _____

Parent/Guardian Name _____ Work Phone _____

Home/Cell Phone _____