



## THE ST. TAMMANY HUMANE SOCIETY SUMMERCAMP RELEASE AND HOLD HARMLESS AGREEMENT

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Week (please check):  June 5-9 (ages 11-13)  June 12-16 (ages 8-10)  June 19-23 (ages 11-13)

June 26-30 (ages 8-10)  July 10-14 (ages 11-13)  July 17-21 (ages 8-10)  July 24-28 (ages 11-13)

### PLEASE CAREFULLY READ THIS ENTIRE WAIVER & RELEASE FORM

**This form has been written to provide you with the needed information about the guidelines, activities, and insurance coverage that will apply while your child attends St. Tammany Humane Society's Summer Camp.**

**GENERAL RELEASE AND CONSENT** In consideration of the privilege of participating at the St. Tammany Humane Society's Summer Camp, I/we the parent(s)/guardian(s) \_\_\_\_\_ hereby voluntarily release and discharge the St. Tammany Humane Society, its officers, management, volunteers, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his /her participation in these activities of St. Tammany Humane Society.

I/we understand that the St. Tammany Humane Society assumes no responsibility for injuries and illnesses which my child may sustain as a result of his/her physical condition and or resulting from his/her participation in any athletic, arts & crafts, dog/cat activities, the use of any equipment, exercise, or any/all other activities.

**PERSONAL PROPERTY AGREEMENT** I understand that the St. Tammany Humane Society is not responsible for personal property, whether it be damaged, lost or stolen while members and/or program participants are using the St. Tammany Humane Society facilities or on the St. Tammany Humane Society premises.

### MEDICAL CONSENT

**In the event of an emergency and I the parent/guardian nor the emergency contact person cannot be reached,** I hereby give permission to St. Tammany Humane Society to contact the physician I specified on my child's STHS Summer Camp Registration, to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery, or to call for an ambulance (in case of immediate emergency) for the individual named on this agreement. St. Tammany Humane Society shall not be liable for any resulting medical bills for any provided services. **I understand that all medical bills are my responsibility. I understand that no accident or medical insurance is provided at St. Tammany Humane Society with this activity.**

**I understand that in the event my child needs any medical care, all medical costs (doctors, hospital, long term treatment, etc.) are at my expense.**

**PHOTOGRAPHY/AUDIO/VIDEO STATEMENT** I give my permission to the St. Tammany Humane Society to use, without limitation or obligation, photographs, film footage, audio recordings, or tape footage which may include



my child's image or voice for purposes of promoting or interpreting to the St. Tammany Humane Society programs on, but not limited to social media, informational videos, grant applications, etc.

\_\_\_\_\_ **Parent/Guardian Initial if you agree to the statement above.**

**CAMP AGREEMENT** I understand and have explained to my child that his/her attendance at this camp is a privilege, not a right, and is conditioned on his/her acceptable behavior. I realize that camp is something that will substantially benefit my child, and behavior that contravenes the following guidelines may result in his/her dismissal from camp in the St. Tammany Humane Society Camps sole discretion. In consideration of the benefits of this camp to my child and other good and valuable consideration, receipt of which is hereby acknowledged, I agree to the following: **(camper and parent/guardian must initial next to each statement)**

<b>Camper</b>	<b>Parent</b>	
_____	_____	Camper will abide by all camp regulations.
_____	_____	Campers are not permitted to leave the campgrounds without the Camp Counselor's consent.
_____	_____	Camper (and his/her parent/s) will be held accountable and responsible to pay for any destruction of property he/she causes.
_____	_____	Campers are required to attend all classes, activities, and services throughout the day.
_____	_____	This is a closed camp. No visitors or special guests will be allowed without approval the St. Tammany Humane Society's Camp Counselor.
_____	_____	If the camper does not follow the regulations and their behavior is seen unfit to continue the camp, the St. Tammany Humane Society Summer Camp Counselor has the right to terminate the camper from the camp.

Are there any medications your child will need to be given while at camp? \_\_\_\_\_ (Yes/No)

Please list type, time, directions for administering, and reason for medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that temporary emergency measures may be necessary to safeguard my child's health, and do hereby authorize and request the St. Tammany Humane Society personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can be safely transported to a doctor or hospital and I authorize reasonable medical care for my child if necessary.

**Your camp registration will be considered incomplete until:**

**Your online registration form was complete and paid for.**

**You turned in all 3 pages of the Hold and Release Waiver Form**

**You turned in the Emergency Contact Information Sheet**

**You ordered your child's t-shirt and paid for it.**

**Printed Name of Parent/Guardian :**

**Email address of Parent/Guardian:**

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**Signature of Parent/Guardian:**

**Date Signed:**

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## Summer Campers Emergency Contact Info



<b>Camper's Information</b>	
First name	
Middle name	
Last name	
Nickname	
Gender	
Birthday (MM/DD/YYYY)	
Home address	
Parent/Guardian's Home phone	
Parent/Guardian's Cell phone	
<b>Medical Information</b>	
Doctor's name	
Location/Address	
Phone number	
Urgent Care or Hospital Facility	
Blood type	
Medical conditions	
Allergies	
Current medications	
<b>Emergency Information</b>	
1 <sup>st</sup> Emergency contact's name	
Relationship	
Address	
Home phone number	
Cell phone number	
<b>Emergency Information</b>	
2 <sup>nd</sup> Emergency contact's name	
Relationship	
Address	
Home phone number	
Cell phone number	