



**NORTHSHORE HUMANE SOCIETY
SUMMER CAMP RELEASE AND HOLD HARMLESS AGREEMENT**

Camper's Name: _____ Date: _____

Camp Week(s) (please check):

May 30–June 3 June 6–10 June 13-17 June 20-24
 June 27-July 1 July 11-15 July 18-22 July 25-29

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 Northshore Humane Society's Summer Camp.

GENERAL RELEASE AND CONSENT

In consideration of the privilege of participating at the Northshore Humane Society's Summer Camp, I/we the parent(s)/guardian(s) _____ hereby voluntarily release and discharge the Northshore 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 Northshore Humane Society. I/we understand that the Northshore 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 Northshore Humane Society is not responsible for personal property, whether it be damaged, lost or stolen while members and/or program participants are using the Northshore Humane Society facilities or on the Northshore 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 Northshore Humane Society to contact the physician I specified on my child's NHS 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. Northshore Humane Society shall not be liable for any resulting medical treatment or 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 Northshore 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.

MEDICATIONS & ALLERGIES

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 Northshore 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.

Does your child suffer from any allergies that will need to be monitored while at camp?
_____ (Yes/No)

If yes, please list allergy:

PHOTOGRAPHY/AUDIO/VIDEO STATEMENT

I give my permission to the Northshore 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 Northshore 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 Northshore 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)

Camper	Parent
_____	_____ 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 Northshore Humane Society's Camp Counselor.
_____	_____ If the camper does not follow the regulations and their behavior is seen unfit to continue the camp, the Northshore Humane Society Summer Camp Counselor has the right to terminate the camper from the camp.
_____	_____ Camper will abide by all camp regulations.



Camper Emergency Contact Info

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

****ALL CAMPERS MUST BRING THEIR OWN LUNCH ****

While snacks may be provided to campers, every child is responsible for bringing their lunch daily.

Checklist for camp registration (registration is complete when you have done the following):

- Your online registration form was complete and paid for
- You turned in all 4 pages of the Hold and Release Waiver Form
- You turned in the Emergency Contact Information Sheet
- You ordered and paid for your child's t-shirt

Printed Name of Parent/Guardian: _____

Email Address of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date Signed: _____

