HARRY & ROSE SAMSON FAMILY JCC Albert and Ann Deshur JCC RAINBOW DAY CAMP

2019 Camp for Children's Hospital of Wisconsin

<u>Camper #1</u>	Name			Sex	
		DOB		Grade fall `19	
	Allergies/Special Needs				
<u>Camper #2</u>	Name				Sex
		DOB		Grade fall `19	
		Allergies/Special Needs			
Camper #3	Name				Sex
		DOB		Grade fall `19	
		Allergies/S	Special Nee	eds	

Date of Attendance: Friday, August 16th

*******This form must be presented on day of camp.

Parent 1	Address	Home Phone Cell Phone
<u>Parent 2</u>	Address	Home Phone Cell Phone
Relat	tionship to Camper	Cell Phone

Consent

I understand that this is a camping program of the Harry and Rose Samson Family JCC and Children's Hospital of Wisconsin. I grant permission for my child to participate in this camp and its activities, for the camp to obtain or provide medical treatment for my child in an emergency and for the camp to provide my child with transportation.

I also grant permission for the use and publication of my child's picture, video-recording and likeness in advertising, promoting and publicizing Rainbow Camp. I understand that no monetary benefits will be provided to me or my child for use of my child's picture, video-recording or likeness.

*	Signature	Date

Release of Liability

I understand that my child's participation in this camp may involve some risk including injury or illness, with losses which may result not only from my child's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. I certify that my child, who may have a chronic health condition is in good health, and there is no medical reason preventing my child's safe participation in this activity. In consideration for my child's participation in the activity, I agree to forever waive all claims and causes of action against Children's Hospital of Wisconsin, Inc., the Harry and Rose Samson Family JCC, their affiliates, directors, officers, employees, volunteers and agents and release from all liabilities, demands, claims, losses, costs or damages arising out of or related to my child's participation in Rainbow Camp.

I have read this waiver and release agreement and understand the terms used in it and their significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse is given up in return for allowing my child's participation in Rainbow Camp. My signature on this document is intended to bind myself and my successors, heirs, representatives, and assigns.

* Signature_____

Date

Medication List

Child's Name:

Medication	Dosage/Frequency	Prescribing Physician	For what condition?