



Tahoe Donner 2008 Day Camp

WAIVER FORM*

PARTICIPANT'S LAST NAME

(Do not use this form for Equestrian Center Camps)

*Please complete a separate form for each child for each session.

MUST COMPLETE

Participant's Name: _____
 Parent/Guardian: _____
 Phone: _____
 Email: _____

PHOTO RELEASE MUST SIGN

I grant Tahoe Donner _____ sign
 permission to use, without _____ liability, any photo for _____ name
 promotional materials _____ date
 or advertisements. _____

EMERGENCY INFO CHECK ONE

Member Member ID# _____
 Guest If you are a guest, please provide the member name under which you are registering _____
Emergency Contact: _____ **Phone:** _____
Alternate Emergency Contact: _____ **Phone:** _____

REGISTRANT'S INFO

Participant's Name	Birthdate	Age	Grade in Fall	City Child Lives in	Male/Female

CAMP INFO

Camp/Event Name	Session	
		Please bring this waiver form to the first day of the session for which your child is registered.

WAIVER OF CLAIMS & INDEMNITY AGREEMENT

I am aware of the nature of the program(s) for which I am registering my child(ren), and understand that accidents and injuries may occur as a result of participation in said program(s). Knowing that risk, and in consideration for my child(ren) being permitted to participate, I hereby agree to assume all risks related to such participation. I hereby waive any claims against, and agree to release and discharge in advance, Tahoe Donner Association ("TDA"), its officers, employees and agents from any and all liability for personal injury, death, or property damage which I or my child(ren) may have, or which may hereafter accrue to me or my child(ren) as a result of such participation, even though that liability may arise out of TDA's or its employee's negligence or carelessness.

I further agree that this waiver, release and assumption of risk is to be binding upon my and my child(ren)'s heirs and assigns. I also hereby agree to indemnify and hold the entity and persons mentioned above harmless against all claims, damages, losses and expenses, including attorneys' fees, which they may incur as a result of my child(ren)'s participation in the program(s).

Signature of parent or legal guardian

Date

Printed name

AUTHORIZATION TO TREAT A MINOR

I, the undersigned parent, parents or legal guardian of the following participant _____, a minor, do hereby authorize and consent to any of the following for the above-named child: x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care rendered under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act, or a dentist licensed under the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his or her best judgement may deem advisable. It is understood that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the minor, but that any of the above mentioned treatments will not be withheld if the undersigned cannot be reached.

This authorization and consent shall remain effective through December 31, 2008.

Signature of parent or legal guardian

Date

Printed name of parent or legal guardian

Phone:

PARTICIPANT INFO

Name: _____ Date of Birth: _____ Age: _____

Allergies: Y____ N____ If yes, please state specific allergen and reaction: _____

Medications and Instructions: _____

Does your child have any activity restrictions: Y____ N____ If yes, please explain: _____

Special information you would like the leader to know about your child: _____

Please assess your child's swimming ability: Non-swimmer____ Beginner____ Advanced Beginner____ Intermediate____

Advanced Intermediate____ Proficient____ Other: _____

My child is able to swim 5 yards____ 10 yards____ 15 yards____ 25 yards____ without stopping.

Physician's Name: _____ Phone: _____

Physician Address: _____

Insurance Company(s): _____

Policy Number(s): _____

Emergency Contact(s): _____

The following individuals are authorized to pick-up the above-mentioned participant:

Please note that we require all participants to be picked-up immediately at the conclusion of each session. You will be charged \$1 for every minute after the first 5 minutes. This will be strictly enforced.

Signature of parent or legal guardian

Date