



# FunLand Summer Camps

## AUTHORIZATION TO TREAT A MINOR

Camper's Name (Last, First, MI) \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Camper's Street Address \_\_\_\_\_

Camper's City, State, Zip \_\_\_\_\_

Parent's/Guardian's Home Phone # \_\_\_\_\_

Parent's/Guardian's Work Phone # \_\_\_\_\_

Parent's/Guardian's Cell Phone # \_\_\_\_\_

Parent's/Guardian's E-mail \_\_\_\_\_

In an emergency, when parent's/guardian's cannot be notified, please contact:

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Physician Phone \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_ (month/year)

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Important things our Counselors should know about this Camper: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **CONSENT FOR MEDICAL TREATMENT**

As the parent(s), or legal guardian(s), of the child named on this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us). This authorization is given pursuant to provision of Section 25.8 of the Civil Code of California.

I further agree to not hold Funland/Cal Skate liable for the medical aid rendered and will make reimbursement for the medical or other expenses incurred for the care of the named minor.

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Date



**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

This document affects your legal rights. You should read and understand it before signing it.

In consideration for receiving permission to participate in \_\_\_\_\_  
(describe activity)

on \_\_\_\_\_, I hereby waive, release, and discharge any and all claims for  
(activity/trip date(s))

damages for death, personal injury or property damage which I may have or which hereafter may accrue to me against Funland / Cal Skate as a result of my participation in any way in the event described above.

This release is intended to discharge Funland / Cal Skate employees and volunteers against any and all liability arising out of or connected in any way with my participation in the event/activity, even though that liability may arise out of the negligence or carelessness on the part of persons or business mentioned above.

I further understand that accidents and injuries can arise out of participation in this event/activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or business mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

\_\_\_\_\_ I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

\_\_\_\_\_ As parent/guardian, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in strenuous physical activity. I give permission for him/her to be medically treated for illness occurring or injury sustained during participation in the above activity, and certify that he/she is covered by medical insurance. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

\_\_\_\_\_  
Name of participant (print)

\_\_\_\_\_  
Signature of participant or guardian, if under 18

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

**WITNESS:**

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness