



CAMP DEL CORAZON

A non-profit organization providing year-round opportunities for children with heart disease.

Camp del Corazon RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I (we) understand that there are risks and dangers inherent in attending summer camp and/or participating in the activities offered at Camp del Corazon and that these risks may be higher in children with congenital heart disease or heart rhythm abnormalities. I also understand that in order for my child/ward to be allowed to attend summer camp and participate in the activities offered at Camp del Corazon, Inc. I must give up my rights to hold Camp del Corazon liable for any injury or damage, which my child/ward may suffer while attending summer camp and/or participating in the activities offered at Camp del Corazon.

KNOWING THIS, AND IN CONSIDERATION OF MY CHILD/WARD BEING PERMITTED TO ATTEND SUMMER CAMP AND/OR PARTICIPATE IN THE ACTIVITIES OFFERED AT CAMP DEL CORAZON, MY CHILD AND I HEREBY VOLUNTARILY RELEASE CAMP DEL CORAZON FROM ANY AND ALL LIABILITY RESULTING FROM OR ARISING OUT OF MY CHILD/WARD ATTENDING SUMMER CAMP AND/OR PARTICIPATING IN THE ACTIVITIES OFFERED AT CAMP DEL CORAZON.

I understand and agree that my child/ward and I are releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my child/ward attending summer camp and/or participating in the activities offered at Camp del Corazon. THIS RELEASE CONSTITUTES A COMPLETE RELEASE, DISCHARGE AND WAIVER OF ANY AND ALL ACTIONS OR CAUSE OF ACTION AGAINST CAMP DEL CORAZON, THEIR OFFICERS, AGENTS OR EMPLOYEES.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death, which my child/ward suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by my child/ward while attending summer camp and/or participating in the activities offered at Camp del Corazon.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children I understand and agree that by signing this Release, I am agreeing to indemnify and hold Camp del Corazon, their officers, agents and employees harmless from any and all liability or cost including attorneys fees, associated with or arising from my child/ward attending summer camp and/or participating in the activities offered at Camp del Corazon.

I understand and agree that by signing this Release on behalf of my minor child that I will be giving up the same rights for said minor, as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to my child/ward attending summer camp and/or participating in the activities offered at Camp del Corazon.

Child's Name: _____

Print Name: _____

Sign Name: _____

Dated: _____

Relationship to child: _____

Witness: _____

Dated: _____

**Parent or Legal
Guardian must sign
this form and return it
with the General
Information form**



Medical Release / Permission to Treat

We are the parents(s) and or legal guardian(s) of minor Child _____
Born on _____.

We authorize and appoint any member of the staff of Camp del Corazon to care for our child while attending Camp del Corazon. This authorization shall include the right to any necessary medical or dental treatments, such as operations, drug, emergency care, hospitalization, and or any type of medical or dental treatment.

This medical authorization shall take effect August 27th, 2009 and shall be valid through September 9th, 2009.

Signature of Parent(s)/Legal Guardian

Date

Photo Release

Camper Name: _____ Date of Birth: ____/____/____

Age: _____ Sex: _____

The undersigned do hereby authorize Camp del Corazon, to interview, photograph or make any other visual or audio recordings of the person named above, who will be identifiable.

The undersigned authorizes the use for television, radio, magazines, newspaper, web site and any other forms of media presentations, for related stories about the summer camp sponsored by Camp del Corazon, Inc.

If a minor, complete the following:

Minor is _____ year's old

Authorization and/or consent as outlined above are hereby granted. I hold Camp del Corazon, its agents, employees and volunteers harmless from any claim for injury or compensation resulting from the activities authorized by this document.

Signature of Parent /Guardian/Conservator

Date