

# **NYid Camps, LLC.**

## Waiver and Release Form for Prospect Clinic Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the One-day Prospect Clinic, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of their participation in said summer program. This release is intended to discharge in advance NYid Camps, LLC., its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

### Consent of the Parent or Guardian

I give consent for my child, \_\_\_\_\_ to participate in the above Prospect Clinic, and I execute the above liability release on my child's behalf. Consent for Treatment I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the NYid Camps, LLC. will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Photo Release Form for Minor Children

I, \_\_\_\_\_ hereby authorize the NYid Camps, LLC. to publish the photographs taken of me and/or the minor children listed below, and our names, for use on the NYid Camps, LLC. website. I release the NYid Camps, LLC. from any expectation of confidentiality for the minor children and myself and attest that I am the parent or legal guardian of the child or children listed below and that I have the authority to authorize the NYid Camps, LLC. to use their photographs and names. I acknowledge that since participation in publications and websites produced by NYid is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by the NYid confers no rights of ownership whatsoever. I release, NYid, its officials, agents, volunteers, contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the minor child or children listed below.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Name and Age of Minor Child:

Name: \_\_\_\_\_ Age: \_\_\_\_\_