



2023 Summer Program Waiver Form

PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

The purpose of this Agreement is to enable parents and students to give informed consent for a student to participate in the **2023 Summer Program** at Eastside Catholic School (“EC”) and to confirm the agreement of the student and the parents regarding assumption of risks, waiver and release of liability, and indemnification, as a condition of the student’s participation in EC’s **2023 Summer Program**. This agreement also provides consent regarding photographs, publications and media coverage of the **2023 Summer Program**.

RISKS: I agree and understand that there are risks (some known and others unknown or unforeseeable) ranging from minor injury to death associated with participation in EC’s **2023 Summer Program**. These risks include the possibility of very serious injuries which can occur for a variety of reasons and under a variety of circumstances related to the **2023 Summer Program**. Such risks include, but are not limited to, the risks of injury; disability; paralysis or even death resulting from causes including, without limitation, facility conditions; actions of other attendees; weather; improper techniques and other aspects of arts and crafts; hazards inherent in a summer camp; improper or malfunctioning equipment; improper or inadequate training; and negligence of EC employees, volunteers or others of the Releasees identified below.

INSURANCE: All students choosing to participate in EC’s **2023 Summer Program** are required to be covered by personal medical/accident insurance. **As a condition of participation, EC requires all students choosing to participate in the 2023 Summer Program to have medical/accident insurance coverage providing, at a minimum, benefits covering medical services, hospitalization and related services, medications, equipment, etc.**

Please indicate the 2023 Summer Program camp or enrichment class your child is participating in:

<input type="checkbox"/> Adventures in Reading	<input type="checkbox"/> College Application Bootcamp #1	<input type="checkbox"/> Leadership Camp - Learn, Laugh, Lead
<input type="checkbox"/> Algebra Prep – 2-week camp	<input type="checkbox"/> College Application Bootcamp #2	<input type="checkbox"/> Math Foundations
<input type="checkbox"/> Algebra Review	<input type="checkbox"/> College Essay Writing #1	<input type="checkbox"/> Pre-Algebra Prep
<input type="checkbox"/> Animals Everywhere Science Camp	<input type="checkbox"/> College Essay Writing #2	<input type="checkbox"/> Soccer - Girls
<input type="checkbox"/> Creative Kids Arts and Crafts	<input type="checkbox"/> CSI Camp #1	<input type="checkbox"/> Speed, Agility and Conditioning Camp
<input type="checkbox"/> Back to Basics Summertime Fun!	<input type="checkbox"/> CSI Camp #2	<input type="checkbox"/> Study Skills
<input type="checkbox"/> Basketball - Boys	<input type="checkbox"/> Drama Camp - Raise the Curtain!	<input type="checkbox"/> Tennis #1
<input type="checkbox"/> Cartooning	<input type="checkbox"/> Fencing	<input type="checkbox"/> Tennis #2
<input type="checkbox"/> Cheer Skills Camp	<input type="checkbox"/> Football	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Camp Inspire Creative Writing #1	<input type="checkbox"/> Hidden World Science Camp	<input type="checkbox"/> Writing #1 - Camp Inspire
<input type="checkbox"/> Camp Inspire Creative Writing #2	<input type="checkbox"/> Lacrosse - Boys	<input type="checkbox"/> Writing #2 - Camp Inspire
	<input type="checkbox"/> Lacrosse - Girls	

Student name: _____ Primary phone: _____ Birthdate: _____

Grade (Fall 2023): _____ Home address: _____

Guardian/Parent name: _____ Guardian/Parent day phone: _____

Additional Guardian/Parent name: _____ Guardian/Parent day phone: _____

In case of emergency, call: _____



Insurance carrier: _____ Group or policy #: _____ Subscriber #: _____

Name of student's physician: _____ Phone number of physician: _____

Address of physician: _____

Please specify if your student has food or environmental allergies _____

I confirm that my child/ward has current medical/accident insurance coverage and that such coverage will be maintained for the duration of my child's participation in EC's **2023 Summer Program**.

I confirm my understanding and consent that by participating in EC's **2023 Summer Program**, my child/ward may be photographed, identified and/or interviewed by people providing information for school publications or the media. I give my permission for EC to publish, on its website or in school publications, photographs which may identify my child/ward related to my child's participation in EC's **2023 Summer Program**.

EMERGENCY MEDICAL TREATMENT: I give my permission to **EC** staff to make decisions regarding emergency medical treatment for my child/ward in the event that neither of the child/ward's parents can be reached at a time when any such decisions need to be made, and I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be deemed necessary for the welfare of my child, in the event of injury or illness while my child/ward is participating in EC's **2023 Summer Program**. I confirm that my child/ward is healthy and able to participate in **2023 Summer Program** and have had the opportunity to consult with a physician on this subject if I chose to do so.

PERMISSION AND RELEASE - READ CAREFULLY BEFORE SIGNING:

Realizing that there are risks inherent in any EC **2023 Summer Program**, and in consideration of my or our child/ward's being allowed to participate in EC's **2023 Summer Program**. I/we agree to assume all risks (whether known or unknown) of participation in EC's **2023 Summer Program**, to release and hold harmless EASTSIDE CATHOLIC SCHOOL, together with its faculty, staff, employees, coaches, volunteers, trustees and other agents (collectively, the Releasees), from any and all claims, liabilities and damages relating to any injury, sickness, death or destruction of any property which may arise out of, result from or be in any way connected with the participation of my child/ward in EC's **2023 Summer Program**, other than claims, liabilities or damages based on the gross negligence of EC or its employees. In addition, I/we agree to indemnify and hold the Releasees harmless from any and all claims for injuries or property damage brought on behalf of myself or our child/ward or alleged to have been caused by me or by our child/ward while our child/ward is participating in EC's **2023 Summer Program**.

I/WE HAVE READ THIS PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT; FULLY UNDERSTAND ITS TERMS; UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY TO PARTICIPATE IN **2023 Summer Program**, ASSURANCE OR GUARANTEE BEING MADE TO ME/US). I/WE INTEND MY/OUR SIGNATURE(S) TO AFFECT A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF THE RELEASEES IDENTIFIED IN THIS AGREEMENT, AND TO INDEMNIFY THE RELEASEES TO THE GREATEST EXTENT ALLOWED BY LAW.

Student signature (if age 17 or older)

Date

Parent/guardian name (please print)

Parent/guardian signature

Date

Parent/guardian name (please print)

Parent/guardian signature

Date