



Kids Kamp Agreements and Releases 2011

Camper's name _____

Date: _____

Agreements and Releases: *Check each box and initial on the line to indicate you understand and agree to every clause.*

General Waiver and Release _____

Please be aware that by participating, you will be waiving and releasing all claims for injuries you may sustain arising out of program participation.

As a participant in the program, I and my camper recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, property damage/loss which the camper may sustain as a result of participating in any and all activities connected with or associated with Deaf and Hard of Hearing Services' Kids Kamp program. I agree to waive and relinquish claims I or the camper may have as a result of participating in the program against Deaf and Hard of Hearing Services.

I understand that reasonable attempts and care at keeping all campers safe from harm will be taken.

In addition, I understand that I am waiving all claims for compensation.

Hearing Aid/Assistive Listening Device (HA/ALD) Responsibility Release _____

I hereby agree and consent not to hold Deaf and Hard of Hearing Services for liability of hearing aid/assistive listening devices (including cochlear implants, watches, hearing aids, etc) losses or damage that may occur during the time the camper is at Kids Kamp at Deaf and Hard of Hearing Services' facility.

I understand that reasonable attempts at care and keeping hearing aids, cochlear implants and other ALDs safe from harm will be taken. I agree to hold Deaf and Hard of Hearing Services harmless for such use.

In addition, I understand I am waiving all claims for any compensation.

Media Release (Photo/Video) _____

I hereby agree and consent to the use of the camper's image and/or voice for advertising, educational and publicity purposes by Deaf and Hard of Hearing Services. I agree to hold Deaf and Hard of Hearing Services harmless for such use.

In addition, I understand that I am waiving all claims for any compensation. By signing below, I hereby agree to the release form. If you have any questions, contact DHHS at 616-732-7358 ext. 202 or datwood@deafhhs.org.

Signature of Parent or Legal Guardian

Date