**2019 Kids Kamp Participation Agreement and Release**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kampers Name(s) - (Please print)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read each section carefully and sign below.**  If you have any questions, contact Deb Atwood, Executive Director at 616-732-7358 ext. 206 or datwood@deafhhs.org.

**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 our events/activities/programming.

As a participant in any and all activities connected with or associated with Deaf and Hard of Hearing Services, I recognize and acknowledge that there are certain risks of physical injury or property damage/loss, and I agree to assume the full risk of any injuries or property damage/loss which you may sustain as a result of participating in any and all activities associated with Deaf and Hard of Hearing Services.

I agree to waive and relinquish claims you may have against Deaf and Hard of Hearing Services as a result of participating in events/activities/programming.

I understand that reasonable attempts and care at keeping me and property 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 liable for loss or damage of hearing aid/assistive listening devices (including cochlear implants, hearing aids, personal amplifiers, etc). that which may occur during the time I am involved in any event sponsored by Deaf and Hard of Hearing Services.

I understand that reasonable attempts at care and keeping hearing aids, cochlear implants and other ALDs safe from harm will be taken.

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 my 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 this release form.**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *Email Address Phone Number*

**Approximation of Your Income**

* Less than $20,000
* $20,000 to $34,999
* $35,000 to $49,999
* $50,000 to $74,999
* $75,000 to $99,999
* $100,000 or above

**# of Family Members**

**Deaf:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **HoH**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hearing:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**

* Male
* Female
* Both
* Neutral
* Prefer Not to Answer

**Ethnicity**

* Caucasian
* Black
* Latino/a
* Native American
* Asian
* Multiracial
* Prefer Not to Answer