

Winter4Kids Summer 2024 CAMP WAIVER

Camper Information

First Name: _____ Last Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Weeks Attending:

July 1 – July 5 July 8 – July 12 July 15 – July 19 July 22– July 26

July 29 – Aug 2 Aug 5 – Aug 9 Aug 12 – Aug 16 Aug 19 – Aug 23

Is there anything we need to know about your child that will make sure they have the best possible experience at summer camp? _____

AUTHORIZATION / CONSENT

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a Winter4Kids (W4K) Summer program, a designated employee of the W4K SUMMER CAMP will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated or hospitalized by a licensed physician or hospital selected by the W4K Summer program.

ARRIVAL & SIGN-IN PROCEDURES

I understand that my child must be escorted to the Main Lodge and a parent/guardian must sign the child in at arrival.

CHOICE OF VENUE AND CHOICE OF LAW: The Undersigned agrees that any and all claims and disputes involving W4K SUMMER CAMP, its trustees, directors, officers, employees, agents, servants or volunteers and assigns (collectively referred to herein as "W4K SUMMER CAMP" shall be GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY and the EXCLUSIVE JURISDICTION thereof will be in the State or Federal Courts of the STATE OF NEW JERSEY and venue in the state court shall be in SUSSEX COUNTY.

RELEASE:

I authorize W4K SUMMER CAMP to record and reproduce my child's image and/or performance for the use in company promotional materials. The undersigned EXPRESSLY AGREES to accept and voluntarily ASSUME ALL RISKS of personal injury, death or property damage while present at ummer4Kids' facility in Vernon, N.J. whether engaged in camp activities in any way, walking or standing on the property or in any way with the conditions related to the uneven surfaces or gravel on walking surfaces. The undersigned expressly agrees to FULLY RELEASE W4K SUMMER CAMP FROM ANY AND ALL LIABILITY for and to waive any claims for personal injury, death or property damage arising out of or resulting in any activities or related in any way to my child's participation in the W4K SUMMER CAMP' program at its Vernon, N.J. facility or from my presence on W4K SUMMER CAMP' property or travel to and from W4K SUMMER CAMP.

Guardian Name: _____

Guardian Signature: _____

Name of Minor: _____ DATE: ____/____/____

W4K SUMMER CAMP Photo Release

PHOTO RELEASE FORM

"I grant permission to W4K Summer Camp at the National Winter Activity Center, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at W4K Summer Camp at the National Winter Activity Center for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium. I hereby release W4K Summer Camp at the National Winter Activity Center and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials."

Guardian Name: _____

Guardian Signature: _____

Name of Minor: _____ DATE: ____/____/____

W4K SUMMER CAMP Alternate Pick Up Form

W4K SUMMER CAMP 2024 CAMP WAIVER

Alternative Pick-Up Authorization Form

Child's Name: _____

Date(s) of Pick up: _____

Alternate's Name: _____

Alternate's Phone #: _____

Alternate's Gov ID#: _____

Is this person listed as an emergency contact on your child's registration form? Yes No

Please alert your alternate pick-up person that your child must be signed out upon pick-up. We will ask your alternate pick-up individual for identification before we release your child/ren to them. Please note that campers must be picked up by 4 PM.

**This form should be completed before 3 PM the day prior to the day in which the alternate pick-up arrangement is needed or given directly to the office in the morning for your child's file.

Guardian Name: _____

Guardian Signature: _____

Name of Minor: _____ DATE: ____/____/____