



Dolphin KIDS Achievement Programs

Acknowledgement of Risk, Waiver, Release & Indemnity

Child Name: _____ (the "Child")

Location of Camp: _____ (the "Camp")

Week: _____

NOTICE TO PARENT/GUARDIAN – It is a condition to the Child's participation in the Camp that you, the undersigned parent/guardian of the Child, must carefully read and understand this document and sign it to acknowledge that you have read and understand it and that you understand that the Child's participation in the activity may expose the Child to risks of harm and that you accept full responsibility for exposing the Child to such risks.

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD – I, the undersigned parent/guardian of the Child, understand and accept that, in respect of the Child's participation in the Camp, it is my responsibility (1) to ensure that I consider and understand the risks and consequences of injury, (2) to determine, taking into consideration those risks and the Child's behavioural characteristics, physical health and abilities, whether the Child should be allowed to participate in the Camp, (3) to ensure that the Child is appropriately covered by medical insurance for any harm occurring at the Camp, and (4) to provide emergency medical information regarding the Child as required in this document.

AWARE OF RISKS – I AM AWARE OF AND NOW FREELY ACCEPT AND ASSUME RESPONSIBILITY FOR ALL RISKS TO THE CHILD IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE CAMP, INCLUDING AS FOLLOWS:

(1) the Child's participation in the Camp, even if the Child possesses behavioural characteristics, physical health and abilities appropriate for the Camp, may pose risks of harm to the Child;

(2) the nature of the Camp is such that the Dolphin POD cannot identify all risks associated with the Camp and cannot guarantee that Dolphin POD staff participating in the Camp will not make errors therein or that other children participating in the activities will not cause injuries therein others that staff can or might be able to prevent.

I, THE UNDERSIGNED PARENT/GUARDIAN, AM THE PARENT AND/OR LEGAL GUARDIAN OF THE CHILD AND I HEREBY CONSENT TO HIM OR HER PARTICIPATING IN THE CAMP, AND, IN RETURN FOR DOLPHINPOD ALLOWING THE CHILD TO PARTICIPATE IN THE CAMP:

1) I NOW WAIVE ALL LEGAL RIGHTS TO SUE AND ANY AND ALL CLAIMS which I or my successors and assigns may have against Dolphin KIDS or any of its successors, assigns, representatives, subsidiaries, officers, directors, employees, volunteers, affiliates, agents or sponsors in connection with any loss, injury, damage or expense that I or the Child may suffer, incur or may suffer, incur or experience in connection with the Child's participation in the Camp; and

2) I HEREBY RELEASE Dolphin KIDS and its successors, assigns, representatives, subsidiaries, officers, directors, employees, volunteers, affiliates, agents and sponsors from any and all liability for any complaints, demands, claims, actions, suits, judgements and orders for any and all losses, injuries, damage or expenses I or the Child may suffer, incur or experience in connection with the Child's participation in the Camp; and

3) I AGREE TO INDEMNIFY Dolphin KIDS and its successors, assigns, representatives, subsidiaries, officers, directors, employees, volunteers, affiliates, agents and sponsors for and hold them harmless from any and all losses, injuries, damages and expenses of any kind that they may suffer, incur or experience and for any and all complaints, demands, claims, actions, suits, judgments and orders for any and all losses, injuries, damages or expenses of any kind anyone else may suffer, incur or experience in connection with the Child's participation in the Camp.

MEDICAL INFORMATION

Dolphin KIDS requires that a few medical questions about the Child be answered for the safety of the Child:

1. Any surgery or serious medical issues in the last five years: No Yes

If yes, please describe: _____

2. Allergic to any medications: No Yes If yes, please describe: _____

If yes, would Adrenaline or Epinephrine injection be required?: No Yes

3. Heart Problems: No , Yes If yes, please describe: _____

4. Diabetes: No , Yes If yes, please describe: _____

5. Asthma: No , Yes If yes, please describe: _____

6. High/Low Blood Pressure: No , Yes If yes, please describe: _____

7. Allergy: No , Yes If yes, please describe: _____

8. List any prescription drugs currently been taken: _____

9. List any other medical condition/s would be of concern: _____

10. Emergency Contact: _____ Tel: _____

All of the above questions have been answered as accurately as possible. Must be read, signed and completed by each Child. (If under the age of 19 a Parent or Guardian signature is required)

I HAVE READ AND UNDERSTAND THIS DOCUMENT

Signed this _____ day of _____ 2019.

Parent or Guardian Signature _____

Parent or Guardian Name _____

Tel/Cell#: _____

Witness Printed Name _____

Witness Signature _____



Media Release for Public Use

I grant permission to **DOLPHIN KIDS™** to use my child's image (photographs and/or video) for use in **DOLPHIN KIDS™** publications including videos, email blasts, brochures, and newsletters and to use my child's image in electronic versions of the same publications or on the **DOLPHIN KIDS™** blog/website or other electronic forms of media.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____

Name of child (please print):

Signature of parent or legal guardian (if under 20 years of age):

Thank you for your time!