

Camper Name: _____



Waiver and Release Form

Camp Hollywoodland / Griffith Park Boys Camp

(Please print in Blue or Black Ink)

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at Camp Hollywoodland/Griffith Park Boys Camp ("Camp") granting my child(ren) ("Minor") the opportunity to participate in Camp Hollywoodland/Griffith Park Boys Camp ("Program").

I, _____ (print name) the undersigned, and the parent/guardian of (print child #1's name) _____ ("Minor") and as the parent/guardian of (print child #2's name) _____ ("Minor") I do hereby agree as follows:

- I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;**
 - I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick them up at the time requested by the Camp Staff;**
 - I agree to complete the Camps Health History** from providing the Minor's current, complete and truthful health history; including immunization history and overall health status;
 - I understand that under certain medical conditions the Camp** staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;
 - I confirm, to the best of my knowledge and belief,** that the Minor is not subject to a physical or mental infirmity nor under the influence of any medication or substance which might hinder their safe participation or the safety of others in the Program;
 - I will instruct the Minor to abide by all safety rules,** policies and regulations and to take reasonable precautions to minimize risk of injury or damage arising from participation in the Program;
 - I give my consent** to have the Minor(s) participate in all aspects of the Program;
 - I knowingly assume full responsibility for all risks of bodily injury,** emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the in the Program at the Camp;
 - I understand that the Camp has no obligation to obtain medical treatment for the Minor** should it become necessary for the Minor to have emergency medical care while participating in the Program,
 - I hereby give the Camp personnel** my permission to use their judgement in obtaining medical care, and
 - I give permission to the medical care provider** selected by the Camp personnel to render medical care deemed necessary and appropriate ;
 - I understand that Camp, at its sole option but without obligation,** may procure insurance to cover part or all of such medical expenses incurred by the Minor(s);
 - I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility;**
 - Except for the gross negligence or willful misconduct of the Camp I, (print name) _____** waive all rights of recovery which the Minor(s) and/or I have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, Camp Hollywoodland/Griffith Park Boys Camp, its officers, agents, employees and/or personnel, and
 - I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, Camp Hollywoodland/Griffith Park Boys Camp, its officers, agents, employees and/or personnel, from all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor(s) participating in the Program or any related activities;
 - I agree to keep the Camp advised if I will be out of contact for any period of time during the Program** and to provide additional and/or alternate contact information prior to my leaving;
 - I authorize the Camp, City of Los Angeles an Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of myself and/or the Minor(s) physical image and/or voice for use with the Program and/or Camps' publicity, marketing, social media or advertising materials;**
 - I have read this agreement and I understand what it means to my legal rights** and the Minor(s) participating, and my signature is made of my on free will and act;
 - I agree to abide by the rules and policies set forth in the camp brochure, during the registration process, and on the waiver release forms;**
 - I agree to be legally bound** by signing the registration and waiver release forms and extend this binding to the Minor(s).
- Important: Parent or Guardians Original Signature Required.**

Child's Name (please print child's name#1) _____

Child's Name (please print child's name #2) _____

Parent/Guardian Name (please print) _____

Signature _____

Date _____