

MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I, _____ (**Parent**) the parent/legal guardian of _____ (**Camper Name**) (**the "Participant"**), consent to the Participant's participation in the MAX Days Program activities (the "Activities"). In an emergency, I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize the McCook Athletic and Exposition Center Staff to authorize necessary medical emergency treatment for the Participant, and I agree to be financially responsible for any charges associated therewith, including but not limited to ambulance calls.

For and in consideration of the Participant's participation in the Activities, the receipt and sufficiency of which is hereby acknowledged, I, as the parent or legal guardian of the Participant, and on behalf of myself, the Participant and our collective personal representatives, heirs, administrators, assigns and next of kin, hereby release, waive, discharge and covenant not to sue the Village of McCook, McCook Athletic and Exposition Center, and their collective officials (whether elected or appointed), officers, directors, agents, representatives, attorneys, insurers, volunteers, employees, independent contractors, successors, predecessors and any other party in any way related to the foregoing (collectively, the "Released Parties") of and from any claims, suits, damages and liabilities whatsoever, including but not limited to personal injury, property damage, court costs, attorney fees and interest, however caused, even if caused by the negligence of the Released Parties, as a result of the Participant's participation in the Activities.

To the fullest extent permitted by law, I agree to and shall indemnify, hold harmless and defend the Released Parties of and from any loss, liability, claim, judgment, damage or cost incurred, however caused, even if caused by the negligence of MAX staff, arising from or in any way connected with the Participant's participation in the Activities.

I further agree that the Released Parties reserve the right to terminate the participation of the Participant in the Activities for failure to behave and act in a respectable manner. If participation is terminated, no fees will be refunded.

Child's Name: _____ Parent Signature: _____

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I, the undersigned, hereby authorize and release The MAX to take and use photographs, video and written comments of or by my child for promotional and informational materials. I understand that MAX Activity Day Camp shall be the owner of any such photographs, video and written comments. I hereby release, discharge and covenant not to sue the Village of McCook, McCook Athletic and Exposition Center and their collective officials (whether elected or appointed), officers, directors, agents, representatives, attorneys, insurers, volunteers, employees, independent contractors, successors, predecessors and any other party in any way related to the foregoing from any and all claims, suits, damages and liabilities associated with the use of such photographs, video and written comments of or by my child.

Child's Name: _____ Parent Signature: _____

CHILD SUNSCREEN AUTHORIZATION

McCook Athletic and Exposition Center requires all Campers to wear sunscreen when involved in outdoor activities. In the beginning of the season children are encouraged to wear light weight t-shirts while swimming. If parents feel this is necessary, please provide the t-shirt and inform the MAX staff.

I, the undersigned, give permission for the McCook Athletic and Exposition Center staff to oversee and assist with the use and application of sunscreen by my child.

Child's Name: _____ Parent Signature: _____

Parent/ Guardian Contact and Medical Information for a Child

Child's Name		Date of Birth	Check Sex: Male__ Female__ Other, _____
Parent's/Guardian's Name		Parent's/Guardian's Name	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	

Alternative Contacts and Adults Authorized to Pick and/or Drop off (Note: If not listed here will require verbal consent if being picked up and/or dropped off)

Contact Name	Contact Name
Home Phone	Home Phone
Work Phone	Work Phone
Relationship	Relationship
Address	Address

If your child will be walking or riding a bike home, please check in the next column (Note: They will be released to leave until the end of camp time)	Walk__ Bike__ Other, _____
Circle your child's swimming ability in the following column	Can't Swim Shallow Water Deep Water

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

If you or your emergency contacts cannot be reached in an emergency, and if the judgement of the camp counselor, Immediate medical attention is needed, do you authorize responsible MAX Camp staff to send your child (Properly accompanied) to an available hospital or physician? Yes__ No__

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release MAX Camp and individuals from liability in case of accident during activities related to MAX Camp, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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