

PRINT:

PLEASE CIRCLE

Camper's Name _____

Female

Male

Age _____ Camper's Date of Birth _____

Parent or Guardian Name _____

Address of Camper _____ City _____

Home Phone _____ Cell Phone _____ Work Phone _____

*Email _____

*Reminders and updates will be sent to your email address.

Emergency Contact Name _____

Emergency Contact Phone _____

Medication or Allergies _____

Will your child need to take any medications during our camp hours? Yes No

If YES, please list the medications, any needed instructions, and time to administer _____

T-shirt size: Youth: YS YM YL Adult: AS AM AL AXL A2XL

Has your child previously attended a Studio Bee camp? Yes No

Are you willing to volunteer at BEE Healthy, BEE Green Camp, if needed? Yes No

\$20.00 paid: ___ Cash ___ Check Staff Initials _____

Please make checks payable to: *Studio Bee Community Youth Center*

Release and Hold Harmless Agreement

I, the undersigned participant/parent/guardian, request voluntary participation for myself/minor to participate in the **BEE Healthy, BEE Green Mini Camp** activity starting June 1, 2021 through midnight June 30, 2021, sponsored by Studio Bee Community Youth Center, all of which are hereinafter referred to as the “activity.”

I consent to my/minor’s participation in the activity and acknowledge that the minor and I fully understand my/minor’s participation may involve risk of serious injury or death, including losses which may result not only from my/minor’s own action, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs, pictures, slides, movies, video, or other media coverage of my/minor may be taken in connection with my/minor’s participation in the activity without compensation from Studio Bee, G.E.M. Ministries, Inc., and the officers, employees, and agents of them and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my/minor’s participation in the activity. I agree I am financially responsible for any losses resulting from my/minor’s and will indemnify Studio Bee, G.E.M. Ministries, Inc., and the officers, directors, employees, and agents of each of them, for any loss or damage caused by myself/minor during the activity.

In consideration of my/minor’s participation in the activity, I hereby waive all claims or causes of action against Studio Bee, G.E.M. Ministries, Inc., and the officers, directors, employees, and agents of all of them, arising out of my/minor’s participation in the activity and hereby release, hold harmless, and discharge Studio Bee, G.E.M. Ministries, Inc., and the officers, directors, employees, and agents of each of them from all liability in connection therewith except such loss or damage, which was caused by the sole negligence or willful misconduct of Studio Bee, G.E.M. Ministries, Inc., and the officers, directors, employees, representatives, and volunteers and the officers, directors, employees, and agents of each of them.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Studio Bee, G.E.M. Ministries, Inc., and the officers, directors, employees, and agents of each of them is knowingly given up in return for allowing my/minor’s participation in the activity. My signature on this document is intended to bind not only myself, but also my successors, heirs, representative, administrators, and assigns.

Please utilize the space below to provide medical/prescription information that you request to be released to emergency medical providers. List medical/prescription information below:

Child’s Name _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian signature _____