

ST. CLAIR COUNTY COMMUNITY COLLEGE (SC4)
SPORT CAMP PERMISSION SLIP (**Must be signed by Parent or Legal Guardian (Parent)**)

Camp Participant (Camper) and Parent both desire for Camper to participate in the Camp, which is strictly voluntary. In consideration of (SC4) allowing Camper to participate in the Camp, and other good and valuable consideration, Parent now makes this Agreement in favor of SC4 fully intending for Parent and Camper to be legally bound by the terms of the Agreement.

Parent accepts and assumes all responsibility for any risk of personal injury that may occur to Camper while participating in the Camp. Parent waives and releases any claim or right of action which Parent may have, now or in the future, against SC4, its elected and appointed officials, employees, agents, and volunteers, arising out of Camper's participation in the Camp. Parent agrees to indemnify SC4, its elected and appointed officials, employees, agents, and volunteers, and to hold them harmless against and from any and all liabilities, damages, claims, suits, judgments and associated costs and expenses (including, without limitation, reasonable attorneys' fees) arising in connection with Camper's participation in the Camp.

This agreement applies to claims of any nature arising from Camper's participation in the Camp except for intentional misconduct or gross negligence of the College.

Participating in the Camp involves strenuous activity and risks of possible injury or death to Camper. Some of these risks are foreseeable and others may be unknown or unanticipated. Parent represents that Camper has no physical, mental, or emotional condition which would interfere with Camper's ability to participate in Camp or which would endanger the health or safety of Camper or any other person.

I hereby authorize the staff of St. Clair County Community College to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the college from any and all liability for any injuries or illnesses incurred while at camp. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I also understand the camp retains the right to use for publicity and advertising purposes, photographs of campers taken at camp.

I agree and the Camper agrees to abide by all camp rules.

- I understand that at the discretion of the camp supervisor and staff my child (Camper) may be dismissed from the camps without refund for inappropriate behavior.
- I understand that at the conclusion of the scheduled camp time the program and staff are no longer responsible for my child (Camper).

I (WE) HAVE READ THIS DOCUMENT CAREFULLY, FULLY UNDERSTAND ITS CONTENTS, KNOW THAT IT IS LEGALLY BINDING, AND ACKNOWLEDGE THAT BY SIGNING BELOW I (WE) MAY RELEASE AND WAIVE CERTAIN LEGAL RIGHTS THAT I (WE) OTHERWISE MIGHT HAVE.

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Camper Name (Please print): _____