

LIABILITY WAIVER

Child's name: _____

Child's Age: _____

CERTIFICATION OF PHYSICAL FITNESS/MEDICAL CONSENT

I allow my child to participate in physical fitness activities at Camp MusArt LLC. Physical fitness activities include, but are not limited to: dance classes, ball games, yoga, playground activities, and any other outdoor/indoor physical activities that may be offered by Camp MusArt LLC. I fully understand the level of physical activity involved in these programs and certify that my child is physically fit, and there are no medical reasons why she/he cannot participate in these programs. I, the undersigned parent or guardian, understand that an emergency situation may arise where the delay of medical or surgical procedures could endanger the well being of my child. I do hereby grant permission to the staff of Camp MusArt LLC to render judgment in my absence concerning medical assistance or hospital care in the event of accident or illness. I understand that Camp MusArt LLC will not administer any medications to my child.

LIABILITY WAIVER

I, the undersigned parent or guardians, in enrolling my child in Camp MusArt LLC programs, understand that my child is participating in the programs and using the premises, including but not limited to the outdoor playground, at her/his own risk. Camp MusArt LLC and its members, managers, officers, contractors, teachers and volunteers shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by the participant and her/his family in or about any programs on or off the premises. The camper and her/his parents assume full responsibility for all injuries and damages that may occur in or about any premises with the Camp MusArt LLC programs and do hereby fully and forever release, discharge and hold harmless Camp MusArt LLC, all associated facilities, and its managers, members, officers, contractors, employees, teachers and volunteers from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. I understand that Camp MusArt LLC does not provide health, accident, or any other insurance for my child while enrolled in Camp MusArt LLC programs.

As part of this approval, I have been given the opportunity to review the premises and equipment to be used in conducting the activity. I also have been given the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activities and take responsibility for doing so. I understand Camp MusArt does not provide transportation to or from activities.

Photo policy: I hereby grant my permission to allow my and/or my child's photo, as part of a group photo and without identifying information, to be used by the Camp MusArt for promoting their programs.

I have read and fully understand the Parent Handbook.

My signature below is evidence of my approval and acceptance of the terms of this waiver.

Child's Name _____
Print

Date _____

Parent/Guardian _____ **Signature** _____