

Hackathon Camp Permission Slip

Liability Release and Emergency Medical Treatment Agreement

MEDICAL RELEASE ON BEHALF OF MINOR AND HOLD HARMLESS AGREEMENT

My son/daughter, _____, has my permission to attend the following camp at
Print name

Whatcom Community College: Hackathon on October 7-8, 2017
Name of camp Dates

I hereby authorize Whatcom Community College to procure medical or hospital care for my son/daughter in the event of injury or illness. I understand and agree that I am financially responsible for any care so procured.

I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED BY MY SON/DAUGHTER PARTICIPATING IN THE ABOVE ACTIVITY.

I agree that I hereby hold harmless and waive any and all claims against Whatcom Community College, its staff, and leaders for any accident, bodily or personal injury, damage to or loss or theft of any property, illness, or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorneys' and consultants' fee and disbursements, which arise out of attending the above class.

I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND AM SIGNING THIS RELEASE AS AN ACT OF MY OWN FREE WILL. This is a legally binding agreement which I have read and understand.

Signature of parent or guardian Print Name Date

Daytime Contact Info: _____
Cell phone Work phone Home phone

Spouse's/Partner's name: _____ Daytime phone: _____

Emergency contact person: _____ Phone: _____ Relationship: _____

Son/daughter's physician: _____ Phone: _____

Medical coverage: _____ Group/ I.D. #: _____

Please note that our instructors and staff are not authorized to administer any medications to your son/daughter, whether prescribed or over the counter. If your son/daughter requires medication during class time, we request that a parent or authorized person come to class to administer as necessary.

List any allergy, allergic reaction to food or drugs, and current medications of your son/daughter. Lunch will be provided to camp participants—please make certain to note any food allergies or restrictions below.

Please list any special conditions or restrictions of your son/daughter (physical, emotional, behavioral) that our instructor needs to be aware of:
