



Aldo Leopold High School

April 1, 2019

STUDENT INFORMATION: Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ Gender: M  F  Height \_\_\_\_\_ Weight \_\_\_\_\_

Emergency Contact Information: Contact Name(s): \_\_\_\_\_

Phone #'s: Home ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Additional Emergency Contact: Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**MEDICAL AUTHORIZATION**

The following authorization authorizes any agent of SEACAMP San Diego to consent to medical, dental, surgical or hospital care for the term of the camp session. Please be advised that SEACAMP San Diego will make reasonable efforts to contact the parent or guardian prior to implementing this authorization. I, \_\_\_\_\_, am the parent/legal guardian

(Name of Parent or Legal Guardian)

of \_\_\_\_\_, who was born on \_\_\_\_\_, is now a minor, hereafter referred to as

(Name of Child/Ward)

(Child/Ward Date of Birth)

“SEACAMP San Diego participant.” I hereby authorize any Agent of SEACAMP San Diego, whose address is PO Box 711310, San Diego, California, into whose care SEACAMP San Diego participant has been entrusted, to consent to medical, dental, surgical, or hospital care, treatment or diagnosis for SEACAMP San Diego participant under Section 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any medical, dental, surgical or hospital diagnosis, treatment or care to be rendered to or for SEACAMP San Diego participant under the general or special supervision of a qualified physician, surgeon or dentist. I further authorize any agent of SEACAMP San Diego to receive physical custody of SEACAMP San Diego participant under Section 1283 (a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of SEACAMP San Diego to any agent of SEACAMP San Diego. This Authorization shall be effective on April 1, 2019 unless sooner revoked by me. (Session Date)

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND RESPONSIBILITY**

I, \_\_\_\_\_, understand that there are certain dangers, hazards and risks (foreseen and unforeseen) inherent in attending and participating in SEACAMP San Diego including, without limitation, risks related to use of equipment, facilities, transportation, personal safety (including risks of minor, serious or mortal personal injury) and risks of property damage. In recognition of the dangers, hazards and risks (foreseen and unforeseen) associated with attending and participating in SEACAMP San Diego, I confirm that \_\_\_\_\_ is physically and mentally

(Name of Child/Ward)

capable of attendance and participation in all activities and use of all equipment associated with the SEACAMP San Diego.

\_\_\_\_\_ is willingly and voluntarily attending and participating and I agree to assume all dangers, hazards and risks (foreseen and unforeseen) inherent in, arising from or related to their attendance and participation in SEACAMP San Diego.

(Name of Child/Ward)

**PARENT/GUARDIAN AUTHORIZATION**

I hereby authorize SEACAMP San Diego permission to use my child’s likeness in any video, audio or still photographs in any of its publications, including website entries, without payment or any other consideration for purposes of publicizing SEACAMP San Diego’s programs or for any other lawful purpose. I hereby waive any right that I or my child may have to inspect or approve the finished product, including written or electronic copy, wherein my child’s likeness appears. I waive any right to royalties or other compensation arising or related to the use of the photograph.

I verify the above **Medical Authorization, Acknowledgement and Assumption of Risks and Responsibility, and Parent/Guardian Authorization** statements with my signature below.

Executed at \_\_\_\_\_, \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_.  
(City) (State) (Date Signed)

RELEASOR:

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)

**RELEASE FORM 1**  
**SEACAMP**  
SAN DIEGO

**Kayaking & Water Activities Release Form**

- YES, I would like my child to participate in supervised kayaking and water activities. My child does not have any medical conditions that would prevent them from safely participating in water activities.
  
- NO, I do not want my child to participate in supervised kayaking and water activities.

If YES, please read, complete and sign the following Kayaking & Water Activities Release:

**VOLUNTARY PARTICIPATION**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_,  
(Name of Parent or Legal Guardian) (Name of Child/Ward)  
who was born on \_\_\_\_\_, and is now a minor. I acknowledge that I have voluntarily registered my child/ward to  
(Student Date of Birth)  
participate in the following supervised water activities which include but are not limited to swimming, kayaking, snorkeling, boogie boarding and boating, in connection with his/her participation at SEACAMP San Diego

**ASSUMPTION OF RISK**

I AM AWARE THAT BOOGIE BOARDING AND WATER ACTIVITIES ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY ALLOWING MY CHILD/WARD TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH TO MY CHILD/WARD.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_.  
(Initials)

**RELEASE**

As consideration for SEACAMP San Diego and each of its affiliated organizations permitting my child/ward to participate in his/her water activities and to use their facilities, I hereby agree that I, my child/ward, our assignees, heirs, distributees, guardians and legal representatives shall not make any claim against, sue or attach the property of SEACAMP San Diego and any such organization for any injury, damage or death from such activities or use, unless such injury, damage or death resulting from such activities or use, was a result of the gross negligence, recklessness or willful misconduct of SEACAMP San Diego and or any such organization. For and on behalf of myself and in my capacity as parent/guardian of \_\_\_\_\_, I hereby release SEACAMP San Diego and any of its affiliated organizations from  
(Name of Child/Ward)  
all actions, claims, or demands that I, my child/ward, our assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, damage or death resulting from my child/ward's participation in snorkeling and water activities.

**KNOWING AND VOLUNTARY EXECUTION**

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND SEACAMP SAN DIEGO AND/OR ITS AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

I verify the above **Voluntary Participation, Assumption of Risk, Release and Knowing and Voluntary Execution** statements with my signature below.

Executed/Signed at \_\_\_\_\_, \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_.  
(City) (State) (Date Signed)

RELEASOR:

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)