



Lake Poway Day Camp Health History, Waiver and Photo Release

Name of Child: _____ Birth Date: _____

Father/Guardian: _____ Cell Phone: _____ Work Phone: _____

Mother/Guardian: _____ Cell Phone: _____ Work Phone: _____

HEALTH HISTORY

Does your child have any allergies (including medication allergies)? If yes, please list: _____

Does your child have any health problems that require medication/attention during the course of the day or that staff should be aware of? _____

Helpful suggestions regarding your child (special interests, behavioral issues, fears, etc.) that staff should be aware of? _____

WAIVERS; RELEASES; and CONSENTS

I hereby declare under penalty of perjury under the laws of the State of California that I am/we are the parent(s) or legal guardian(s) of the above-named minor. By signing this Health History, Waiver and Photo Release (the "Release"), I (1) consent to certain actions on the part of the City of Poway ("City"), and its officers, agents, employees, and volunteers, as hereinafter described; (2) release the City and its officers, agents, employees, and volunteers from any and all liability for any claims as hereinafter described; (3) waive certain claims against the City and its officers, agents, employees, and volunteers for damages, costs, liabilities, expenses, injuries, and expenses, as hereinafter described; (4) consent to photographs, video recordings, and (5) certify that I have read this entire Release and understand the terms used in it and their legal significance.

I hereby give my consent to City of Poway Recreation Employees to administer first aid, to apply sunscreen, to authorize a medical doctor to examine or treat my child, to authorize necessary emergency treatment at a nearby emergency hospital, and/or to order ambulance transportation for my child, while he/she is in attendance at a City of Poway Recreation Program and/or program related off-site activity. I agree to accept the financial responsibilities for any cost thus incurred in the treatment of any illness, accident or injury of the above named minor.

I fully understand that my/my child's participation in the above events/classes exposes my child or me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that participation in these events/classes is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Poway or its officers, employees or agents, for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of the City of Poway or its officers, employees or agents, or any other participants in the event/class. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. Further, in consideration for being permitted to participate in these events/classes, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Poway from any and all claims, demands, actions or suits arising out of the connection with my/my child's participation in these events/classes. I have carefully read this release, hold harmless and agreement not to sue and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

I consent to and authorize the recording of my child's image, voice, and likeness, by whatever means, and assign to the City of Poway and its officers, employees and agents, all rights to any photographs and/or video taken of me/my child and/or any organization(s) represented by me, and any printed matter in conjunction with such photographs and/or video hereinafter referred to as MATERIAL, for advertising and marketing purposes. I hereby authorize the City of Poway to reproduce, copy, exhibit, publish or distribute any and all such MATERIAL. I and/or any organization(s) represented by me understand and agree that the City of Poway will be held free and clear of any responsibility or claim for any liability directly or indirectly associated with the use of said MATERIAL.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

CAMPER PICK-UP POLICY

Camper pick-up for the Lake Poway Day Camp program begins at 3:45pm and ends at 4:00pm each day. Parents must check-in with their child's camp counselor and *officially* sign their child out before leaving.

An Extended Care program is available for parents that are not able to pick-up their children by 4:00pm. This Extended Care program begins at 4:00pm and ends promptly at 5:30pm. The Extended Care program is free of charge. Due to staff availability and scheduling, please be on time to pick-up your child from the Extended Care program. Any parent that is more than 10 minutes late, for more than two days in a week, will no longer be eligible to participate in the Extended Care program.

If a camper has not been picked up by 6:00pm, staff is required by law to call the Sheriff. The Sheriff's Department will pick-up the camper and takes responsibility for contacting the child's parents.

PARENT/GUARDIAN AGREEMENT

I have read and understand the Lake Poway Day Camp Pick-Up Policy. I agree that if I am late more than twice in one week that my child will no longer be eligible to participate in the Extended Care program.

I also hereby authorize and give permission to the City of Poway to release my child into the custody of the below-named person(s), whether during or after the camp program. (**NOTE:** children will not be allowed to leave the premises with any other person without written authorization from a responsible parent or guardian.)

Parent/Guardian Name (Printed)

Camper's Name (Printed)

Parent/Guardian Signature

Date

ALTERNATE PERSON(S) PERMITTED TO PICK-UP ABOVE NAMED CHILD OR TO BE CALLED IF PARENTS CANNOT BE REACHED (Local Residents Only)

Name _____

Name _____

Relationship _____

Relationship _____

Cell Phone # _____

Cell Phone # _____

Home Phone # _____

Home Phone # _____

NOTE: THIS FORM MUST BE RETURNED ON THE FIRST DAY OF THE CAMP PROGRAM.