



PHOTO RELEASE

I hereby certify that I am the parent/guardian of _____. A child under the age of 19 years, and hereby consent that any film/photographs/video/sound recordings made in conjunction with the Colorado Junior Wheelchair Sports Camp may be used by the Colorado Junior Wheelchair Sports Camp, and those acting with its permission, for the purpose of illustration, publication, websites or broadcast in connection with the work and promotion of the Colorado Junior Wheelchair Sports Camp. I have read the foregoing release and authorization before affixing my signature below and warrant that I fully understand the contents thereof.

No Publicity _____ Photo Only _____ Name & Photo _____

Signature _____ Date _____

HOLD HARMLESS RELEASE

I, _____ the undersigned, understand that participation in the Colorado Junior Wheelchair Sports Camp, including but not limited to transportation of Campers and activities offered at the camp, can expose the Campers to certain known and unknown hazards which could result in physical injury and/or psychological injury to the participant. These same hazards could result in damage to or loss of the participant's personal property.

I, _____ fully and forever release and discharge and hereby covenant and agree to hold harmless and indemnify the Colorado Junior Wheelchair Sports Camp, Gold Crown Foundation, National Sports Center for the Disabled, Colorado Sports for the Physically Challenged, Inc., Adaptive Adventures, representatives and volunteers involved with the Colorado Junior Wheelchair Sports Camp against any liability, suit, claims, costs, attorney fees for and on account of injury or loss or personal property. I understand and acknowledge there are inherent risks in sports. I assume this risk voluntarily for my child.

Signature _____ Date _____

TRAVEL RELEASE

I, _____ give my permission for _____ to participate on a community outing, destination to be determined, during the week of June 10th – June 14th 2019.

Signature _____ Date _____

EMERGENCY PERMISSION

In the event of an emergency and/or when legal guardian or person responsible cannot be reached,

I, _____ the legal guardian or person responsible for signing, do hereby authorize the Colorado Junior Wheelchair Sports Camp Director or Nurse to seek such emergency treatment as may be deemed necessary, such treatment may include, without limitation, obtaining physical services, emergency services and/or transportation to a source or emergency treatment. I also hereby release the Colorado Junior Wheelchair Sports Camp staff and authorized representative from any and all legal liability that may arise as a result of such emergency treatment. I understand that I will be responsible for all hospital and/or medical expenses incurred. This authorization will be effective for July June 10th – June 14th, 2019.

Signature _____ Date _____

EMERGENCY LEAVE

It is understood that campers are the responsibility of the Junior Wheelchair Sports Camp during camp hours. Campers are required to check in daily immediately upon arrival. Should it be necessary for a camper to leave camp early for any reason, a written note will be required from the parent/guardian and the camper must sign out.

Signature _____ Date _____