

Ladies Rock Camp Madison Medical Release Form

Complete and return this form by the first day of camp.

This form must be completed before campers can participate in camp activities.

Consent to Medical Treatment and Release of Liability (Read this before signing)

In consideration of being allowed to participate in the camp, related events, and activities, I hereby Release, Waive, Discharge, and Covenant Not to Sue Ladies Rock Camp Madison, their officers, servants, agents, employees, this camp, and its employees, and directors (hereinafter referred to as Release) from any and all liability, claims, demands, or course of action whatsoever arising out of or relating to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the release, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted.

To the best of my knowledge, I am in good physical condition and I am not aware of any physical infirmity which would place me at risk to participate in any way with camp activities. I am fully aware of the risks and hazards connected with Ladies Rock Camp Madison. I VOLUNTARILY ASSUME FULL RESPONSIBILITY OF ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in Camp activities, whether cause by the negligence of the release or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASE from any loss, liability, damage or cost, including court costs and attorney's fees that may accrue related to my participation in this camp.

During the period of camp, I hereby give permission for the staff of Ladies Rock Camp Madison to administer appropriate medical attention to me in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this WAIVER OF LIABILITY and HOLD HARMLESS AGREEMENT shall bind the members of my family, domestic partner and spouse, if I am alive, and my heirs, assigns personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEE, I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Wisconsin. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least 18 years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

I have read this waiver of liability and sign it freely and voluntarily without inducement.

Camper Signature: _____

Print Camper(s) Name(s): _____

Medical Insurance Company Name: _____

Policy Number: _____ Group#: _____

Insurance Company Phone #: _____

Release Form for Media Recording

I, the undersigned, do hereby grant permission to Ladies Rock Camp Madison to use the image of me, _____ . Use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of me for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Ladies Rock Camp Madison Web site.

I give unrestricted permission for my image to be used in print, video, and digital media. I agree that these images may be used by Ladies Rock Camp Madison for a variety of purposes and that these images may be used without further notifying me. I do understand that my last name will not be used in conjunction with any video or digital images.

Signature _____

Date _____

Please make a copy of this form for your own records.

If you have questions, contact info@grcmadison.org .