

RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMINITY AND PARENTAL CONSENT

(MINOR UNDER 18 YEARS)

TONTO CREEK CAMP requires a signature for all attendees of the Camp. A signature of a parent or guardian is required if the participant is less than eighteen (18) years of age.

PRINTED PARENT/GUARD				
	at IN CONSIDERATION of atter	, parent/guardian/car		
MINOR'S NAME	at IN CONSIDERATION OF atter	iding Tonto Creek Can	np, agree mai	allenuance
and activities may include, but are not limited to ropes course, arch football, soccer, baseball, horseshoes, and other related sports and he/she may be exposed to a variety of risks and hazards, foreseen unique character of the program. Those hazards include, but are no sunburn and heatstroke, dehydration, hypothermia and other mild of unpredictable forces of nature (including weather that may change entirely voluntary, and I agree to assume full responsibility for the risks	activities. I also understand the and unforeseen, which cannot ot limited to, hiking/walking/run r serious conditions or injuries to extreme conditions without	nat during the participal be eliminated without ning outside; snakes, ; falling and rolling roon notice), etc. I acknown	ation at Tonto fundamental insects, and ck; drowning;	Creek Camp by altering the large-animals lightning an
WAIVER OF LIABILITY: I, for myself and on behalf of my heirs, as HARMLESS TONTO CREEK CAMP, Arizona State University, their o AND ALL INJURY, DISABILITY, DEATH, or loss of damage to p RELEASEE OR OTHERWISE, except that which is the result of gross	fficers, officials, agents and/or e person(s) or property, WHETH	employees ("releases") ER CAUSED BY TH	, WITH RESF	PECT TO AN
I HAVE READ AND VOLUNTARY SIGN THIS RELEASE AND WAIVE understand its terms and signs it freely and voluntarily without any indi		PTION OF RISK AND I	INDEMNITY,	and fully
Parent/Guardian/Caretaker's Signature:		Date:		_/
Parent/Guardian/Caretaker's Address:	City:	State:	Zip:	
Best Phone Number to reach in an emergency: ()	Email:			
MEDICAL TREATMENT: I hereby consent and authorize that if, of emergency medical treatment and I (the parent/guardian/caretaker) are				
	ry under the judgement of camp	personnel, emergenc	y room physic	ians or any
other clinical physicians to take whatever measures necessary to protect protection of the protection	ry under the judgement of camp tect my child's health and well-b during and any time after, to u ocial media, marketing or any o	personnel, emergency being, including if neces se my child's likeness, other medium for the pu	y room physic ssary, hospita , name, words urpose of adv	cians or any lization. s, photograpi
the administration of any/all medical treatments advisable or necessary other clinical physicians to take whatever measures necessary to professional physicians to take whatever measures necessary to professional physicians to take whatever measures necessary to professional physicians of the professional physicians of the permission professional permission, both audio- or video-recording for print, radio, television, internet content, such communicating the purposes and activities of Tonto Creek Camp and/all physicians of the purposes and activities of the purpose and physicians of the physicians of the physicians of the physic	ry under the judgement of camp tect my child's health and well-b during and any time after, to u ocial media, marketing or any c or applying for funds to support	personnel, emergence being, including if necess se my child's likeness, other medium for the put those purposes and ac	y room physic ssary, hospita , name, words urpose of adv ctivities.	cians or any lization. s, photograp ertising and/
PUBLICITY AUTHORIZATION: I hereby grant my permission, both audio- or video-recording for print, radio, television, internet content, s communicating the purposes and activities of Tonto Creek Camp and/	ry under the judgement of campiect my child's health and well-beduring and any time after, to u ocial media, marketing or any cor applying for funds to support child's behavior at Tonto Creek onsibility for this child. By signing release of Tonto Creek Camping and the control of the control	personnel, emergence being, including if necessive se my child's likeness, other medium for the put those purposes and accept ek Camp must comply of and all other release	y room physic ssary, hospita , name, words urpose of adv ctivities. v with Tonto of ee to all of the es, but also to	cians or any lization. s, photograp ertising and/ Creek Camp e provisions or release ar
PUBLICITY AUTHORIZATION: I hereby grant my permission, both audio- or video-recording for print, radio, television, internet content, s communicating the purposes and activities of Tonto Creek Camp and/BEHAVIOR: As the guardian of said minor I, understand that my Behavior Compliance Policy and Camp Rules. Parent or guardian must read this form and sign below: This is to certify that I, as a parent/guardian/caretaker with legal responding on this release and consent and agree not only to his/her	ry under the judgement of camplect my child's health and well-beduring and any time after, to u ocial media, marketing or any corrapplying for funds to support child's behavior at Tonto Creek camples of Ton	personnel, emergence being, including if necessive se my child's likeness, other medium for the put those purposes and accept ek Camp must comply of and all other release	y room physic ssary, hospita , name, words urpose of adv ctivities. v with Tonto of ee to all of the es, but also to signs and nex	cians or any lization. s, photographertising and/of the comparison of the compariso