



This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this program.

Participant (Print full name): \_\_\_\_\_

Program: Thanksgiving Point Institute, Summer Camp

### **LIABILITY WAIVER AND ASSUMPTION OF RISK AGREEMENT**

The undersigned acknowledges that educational programs offered through Thanksgiving Point Institute include the risk of personal injury to participants including me (and/or my child or legal charge, whose full name and age is \_\_\_\_\_, Age \_\_\_\_). The undersigned assumes all risk and liability resulting from participating in any Thanksgiving Point Institute program (and/or for his or her child or charge as applicable). Undersigned agrees to release, indemnify and hold harmless Thanksgiving Point Institute, its employees, agents, guest instructors, contractors, volunteers and venue owners from and against any and all liabilities, damages, medical costs, attorney's fees, etc. that I or my child/charge may incur arising out of a Thanksgiving Point Institute educational program whether or not caused by the acts, inactions or negligence of Thanksgiving Point Institute, its employees, agents, guest instructors, contractors, volunteers, venue owners or other program participants. I take full responsibility for the actions and physical condition of myself and/or my child (children) in any Thanksgiving Point Institute program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PHOTO RELEASE**

Participants in Thanksgiving Point Institute events are sometimes photographed and videotaped for use in Thanksgiving Point Institute promotional and educational materials. These audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.





**MEDICAL HISTORY FORM**

Name of attendee: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M / F

Parent/Legal Guardian: \_\_\_\_\_

Phone # where a parent/guardian can be reached during the camp: \_\_\_\_\_

Relatives or friends authorized to act in your behalf in case of emergency if parents/guardians cannot be reached:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Day Camp Leader to hospitalize, secure proper treatment for, and to order injections, anesthesia and surgery for my child name above should it be deemed necessary.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**If your child is running a fever or exhibiting other signs of infection or illness, they will not be able to attend camp. If illness arises during camp, parent/guardian will be notified and requested to pick up their camper.**

Name of Physician: \_\_\_\_\_ Phone # of Physician: \_\_\_\_\_

Date of last tetanus immunization or booster: \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Chronic or recurring illnesses: \_\_\_\_\_

Other diseases or details of above: \_\_\_\_\_

**Please list any special assistance needed, accessibility restrictions, or other medical information:**

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## SUMMER CAMP CODE OF CONDUCT

### Expected Behaviors:

- As a camp participant, I will be respectful of other camp participants and staff.
- I will follow the guidelines and rules established for the planned program and respond to staff requests.
- I will stay with the group and remain in a safe, supervised environment.
- I will not behave recklessly or in a manner that prohibits others from participating in the program as intended.
- I will refrain from using electronic devices (cell phones or handheld games), unless granted permission or as a part of camp.
- I will be respectful of Thanksgiving Point and other property and will be responsible for any damages.

### Consequences:

- Spoken to privately by a staff member regarding the unacceptable behavior.
- If the behavior continues, removal from the activity for a cool down/time out.
- If the behavior still continues, a call to the parent/guardian, possible dismissal from camp.
- Immediate dismissal from camp if actions injure another individual, are verbally abusive, or are violent and/or uncontrollable and puts themselves or others at risk.
- If a child is dismissed from two sessions of camp, they will not be able to participate in other camps this summer.

I understand that my child is expected to follow all of the rules during this camp, including safety rules. I understand if they fail to follow these rules and instructions, they may be dismissed from camp. I understand if my child is dismissed from camp, I will not be eligible for a refund. I understand if they cause damage to other campers, staff, or TPI property I will be held financially accountable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I am expected to follow all of the rules during this camp, including safety rules. I will follow all of the instructions of TPI employees who are running this camp. I understand that if I fail to follow these rules and instructions, I may be asked to leave.

Camp Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

