



CONSENT & RELEASE OF LIABILITY

Child's name _____ Date of birth _____

Parent/s: _____

Phone contacts _____

Email _____

Pediatrician _____ Ph # _____

My child's motivators:

My child's challenges:

Please list any known or suspected allergies or other conditions:

I understand that my child's participation in this camp is voluntary. I know that he/she will be supervised by an adult at all times but that accidents during play may occur. I will not hold Kid Partners, Inc or the hosting facility responsible for any injury or accident incurred during Camp Kid Partners.

I agree to have my child's picture taken to be used in promotional brochures or other media. Yes____ No____

Parent/Guardian _____ Date _____