

LIABILITY RELEASE & MEDICAL AUTHORIZATION:

I \_\_\_\_\_ hereby authorize \_\_\_\_\_'s participation in the Fitness & Fun Camp. I know of no mental or physical problems, which may affect my child's ability to safely participate in this camp. I realize the camp has the exclusive right to deny admission or to dismiss any participant or employee from the camp for just cause. I hereby authorize the staff of the Fitness & Fun Camp to act in my absence in the case of injury or illness involving my child. I realize that I am responsible for any and all medical or other charges incurred in connection with my child's participation in the Fitness and Fun Camp. I hereby release and hold harmless the Fitness & Fun Camp, U\*District Foundation and their employees, and agents and assigns, from any and all liability that may arise out of my child's participation in the camp including transportation to and from the camp. I authorize U\*District Foundation to photograph/video my child for promotional purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_