

Use One for Release Form For Each Child Registered
2010 INFORMATION, RELEASE, AND MEDICAL AUTHORIZATION FORM

Camper's Name _____ (“the Camper”)

Birthdate _____ Age _____ Home# _____

Mother's Name _____ Cell# _____ Work# _____

Father's Name _____ Cell# _____ Work# _____

Emergency Contact _____ Cell# _____ Work# _____ Home# _____

Physician's Name & Phone _____ Is the Camper up-to-date on their vaccinations? _____ Date of last Tetnus _____

If no, why? _____ Please include copy of vaccination records.

List any food or other allergies and any special needs we should be aware of.

Describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions while at camp.

List any medication currently being used, prescribed and over-the-counter. Please include time and dates given.

Explain any limitations on your camper's physical, activities, if any.

TERMS OF AGREEMENT: I, the undersigned parent or guardian, hereby gives permission for the Camper to attend Dunn Summer Camp (“the Camp”). I understand the dates and hours of operation for the programs that the Camper is registered for and that camp fees include all activities, field trips, two snacks and one lunch per day. Preschool children will have all their activities on campus and will not attend Field Trips. I understand that extended day care is available at an additional cost. I also realize that to hold the Camper's space there is a required deposit equal to (and to be used for) the last week's tuition, and that all camp fees must be paid before attending each week of camp. I agree to pay the balance of fees, as well as all costs of collection if I fail to meet camp payment requirements. Should I cancel; a \$50 non-refundable cancellation fee will be kept by the School. In the case of suspension, dismissal or voluntary withdrawal of a camper, the non-refundable fee will be retained by Dunn School. I understand the Camper may be transported by bus or car, owned, rented or leased by Dunn School. I further understand that pictures may be taken of the Camper for future publications. I agree that to hold Dunn School, its employees, officers and agents, harmless against any claims arising from the Camper's attendance at the Camp and waive any right of recovery from the school and for any injury damage to or loss of personal property of the camper.

In any litigation between Dunn School and I, the only proper venue will be the appropriate state court in Santa Barbara County, California, and the law of the State of California shall be applicable. In the event of any litigation between the parties arising out of this agreement, the prevailing party therein shall be allowed all reasonable attorneys' fees expended or incurred in such litigation, to be recovered as part of the costs therein.

Signature of Parent or Guardian*

Date

ACKNOWLEDGEMENT OF RISK AND RELEASE: The following Acknowledgement of Risk and Release applies to all Dunn Summer Programs. I agree to sign “Participant's Permission, Acknowledgement of Risk and Release” for campers participating in Adventure Camp or MS Madness as a condition of the Camper's participation. The undersigned acknowledges that Dunn School has explained to me, and I have informed myself, of the nature of the Dunn Summer Programs and the hazards and risks inherent in them (“the Activities”) and understand that these risks cannot be eliminated without destroying the unique character of the program at the Camp. In consideration of being permitted to participate in Camp activities, the undersigned assumes all risks and accepts full responsibility of the Camper's participation in the Activities, and accepts the following release:

THE UNDERSIGNED VOLUNTARILY RELEASES, DISCHARGES, WAIVES, AND RELINQUISHES ALL CLAIMS OR ACTIONS THAT THE UNDERSIGNED MAY HAVE AGAINST DUNN SCHOOL, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FOR BODILY INJURY, EMOTIONAL DISTRESS, PROPERTY DAMAGE AND/OR WRONGFUL DEATH OCCURRING TO THE CAMPER, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE CAMP PROGRAM AND THE ACTIVITIES, INCLUDING, BUT NOT LIMITED TO THOSE CLAIMS ARISING OUT OF ANY NEGLIGENCE ON THE PART OF DUNN, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS. IT IS THE INTENTION OF THIS AGREEMENT TO EXEMPT AND RELIEVE DUNN SCHOOL, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.”

Signature of Parent or Guardian*

Date

PARENTAL AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR: Pursuant to the provisions of Section 6910 of the Family Code of California, the undersigned, parent or guardian of the Camper, a minor, does hereby authorize the adult employees or agents of Dunn School to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act. I hereby waive on behalf of myself and the Camper any liability of Dunn School and any of its agents or employees arising out of such medical or dental treatment. I further authorize Dunn School staff to pursue any emergency measures if needed. The undersigned hereby authorizes any hospital that has provided treatment to the minor to surrender physical custody of such minor to employees or agents of Dunn School upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code.

I hereby agree to pay any and all charges for the Camper, as shown on statements received for professional services, promptly and upon presentation thereof, unless written credit arrangements are agreed upon between the provider and I. Charges for services rendered by a hospital, physician, or medical group are agreed to be correct and reasonable. It is further agreed that payments will not be delayed or withheld because of any insurance coverage or the pendency of claims relating thereto.

I hereby certify that the Camper is physically able to participate in the chosen Summer Program and that I know of no restrictions, physical impairments, or any other factors, which would in any manner limit his/her participation in such program.

Signature of Parent or Guardian

Date