PARENT'S AUTHORIZATION

Date Rec'd _____

PARTICIPATION AND EMERGENCY TREATMENT WAIVER

In consideration for being allowed to register and participate in **CAMP ARROYO**, held **AUGUST 2 - 5, 2007,** Sponsored by **CALIFORNIA FAIRPLAY**, as parent/guardian I hereby release the Association, its Incorporators, Physicians, Board Members, Officers, Employees, Agents, Independent Contractors and Volunteer Workers from any liability for injuries which are sustained during the camp, **including any necessary transportation**. The child herein described has permission to engage in all scheduled activities except as noted by the physician or parent/guardian. I hereby give permission to the camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization is required, the child is to be referred to an appropriate physician and all treatments will be at my expense.

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I do hereby acknowledge and authorize **CAMP ARROYO** and **CALIFORNIA FAIRPLAY** to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge **CALIFORNIA FAIRPLAY** and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

RELEASE FOR TRANSPORT HOME

At the conclusion of camp, the Camp Staff may release my child to myself or to the individual (s) designated below. Under no circumstances will your child be released to anyone not specified by you. Picture ID may be required.

Name _____ Relationship to child _____ Phone _____
Please Print

_____ _____/___/_____ Work Phone (_____)

_____
Signature of Parent or Guardian Date

AUTHORIZATION TO RELEASE MEDICAL DATA

I do hereby authorize **CAMP ARROYO** and **CALIFORNIA FAIRPLAY** to release medical data for the purpose of compiling and assessing national asthma medical information. I understand that all data will be analyzed in aggregate form protecting the confidentiality of my child.

Name _____ Relationship to child _____ Phone _____
Please Print

Return to: Al Brown
P.O. Box 683
Rancho Murieta, CA 95683