



Student Waiver and Medical Release Form



AUTHORIZATION FOR MEDICAL AND SURGICAL CARE:

This is also a release to authorize certified personnel of the North/East Texas District Camp Coordinating Board to call an authorized doctor and to administer medical aid and treatment for my child at any time when they believe an emergency exists. This would include all treatment such as emergency or prescription medication, minor or major surgery, hypodermic injection (including tetanus booster), and the like. In the event of any surgical procedures or major injury, parents will be contacted by phone.

PARENT

DATE

WITNESS

Scottsville Camp & Conference Center

400 Harkins Lane ♦ P.O. Box 307 ♦ Scottsville ♦ Texas ♦ 75688 ♦ (903)938-5847

PARTICIPATION & ACTIVITIES **WAIVER AND RELEASE OF LIABILITY**

READ CAREFULLY

In consideration of **SCCC** furnishing services and/or equipment to enable me to participate in activities, including but not limited to: *Swimming, Biking, Paintball, Canoeing, Paddle Boating, Archery, Skating, Basketball, Volleyball, Football, Baseball, Bonfires, Fishing, Low Ropes Course, Hot Air Ballooning, Slip and Slide, Tug-of-War*, I agree as follows:

I fully understand and acknowledge that; (1) risks and dangers exist in my use of equipment and my participation in activities; (2) participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease (**Including but not limited to COVID-19**), strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (3) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of **SCCC**; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (4) by my participation in these activities and/or use of equipment, I hereby assume **all** risks and dangers and **all** responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of **SCCC**, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **SCCC** and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of equipment or my participation in activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of **SCCC**. This waiver is good until **August 1st, 2022**.

I HAVE READ THE ABOVE WAIVER AND RELEASE. BY SIGNING THIS WAIVER AND RELEASE, I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE **SCCC** FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant's Name

Participant's Age

Participant's Address

Participant's Date of Birth

Participant's City, State and Zip Code

Participant's Phone Number

Participant's E-mail Address

Parent/Guardian Phone Number

Excluded Activities

*Signature of Parent/Guardian

Signature of Participant