

**Medical Waiver**

**Date: August 1 - 5, 2022**

MEDICAL WAIVER PARENTAL RELEASE I (parent/guardian) \_\_\_\_\_  
agree that (camp participate) \_\_\_\_\_ may participate in LEGO  
Robotics Camp. In consideration of participation in this event, I agree, on behalf of the above  
named child, his/her heirs representative to fully and forever release, and hold harmless,  
S.P.A.M. Robotics Team, LEGO Robotics Camp, and Martin County Fairgrounds, its agents  
and employees from any and all claims, demands, rights of action, present or future, whether  
the same be known, anticipated or unanticipated, resulting from or arising out of participation in  
this event.

I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED  
BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CAMP. I ALSO  
ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CAMP PERSONNEL OF ANY SPECIAL  
MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.

Also, I understand that all rules and regulations for the camp/event will be enforced and any  
violation by my child will result in a call to me with possible request to pick up my child with no  
refunds being given.

Signature of Parent or Guardian \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Health Insurance Policy \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Policy Number \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print) Relationship to child

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Cellular Phone Number

\_\_\_\_\_  
Emergency Contact and Phone Number

Allergies \_\_\_\_\_