

Medical Waiver

Date: _____

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, FRC180 S.P.A.M. Robotics Team, LEGO Robotics Camp, 4H Extension Office, and Martin County Fairgrounds its agents and employees from any and all claims, demands, rights of action, 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 _____

(Please Print) Relationship to child Name

Address Home

Home Phone Number

Work Phone Number

Cellular Phone Number

Emergency Contact and Phone Number

Allergies _____