

Makanalani Kids Summer Camp

WAIVER AND HEALTH FORM

Parent/Guardian: Makanalani Kids makes every effort to ensure a safe, positive and enriching experience for all campers. **Please read, sign, and date this form. Note the last page must be completed as well.**

Camper's Name (Please Print)

Acknowledgement of Risk:

I hereby acknowledge that I have voluntarily chosen to allow my child to attend Makanalani Kids Camp. The activities in which my child may participate at camp may include, but are not limited to: games, beach activities, hiking and outdoor activities as well as interaction with farm animals.

I understand the risks involved in these activities. I recognize that each camp activity involves risk of injury to my child and I agree to accept any and all risks associated with it. By voluntarily allowing my child to participate in camp activities and with the knowledge of the risks involved, I hereby agree to accept any and all inherent risks.

Hold Harmless:

In consideration of allowing my child to participate in Makanalani Kids Camp and to the fullest extent permitted by law, I agree to hold harmless Makanalani Kids, its employees, and its volunteers, On the Edge Global Ministries, and assigns from and against all claims arising out of or resulting from my child's participation in camp. I hereby voluntarily hold harmless and release Makanalani Kids and Aliomanu Sand Castles LLC, its officers, employees, agents and volunteers from any and all claims arising out of or incident to my child's participation in Makanalani Kids Camp, which may be made on behalf of me, my child, my personal representatives and my heir or assigns.

Consent to Administer Non-Emergency First Aid:

I understand and acknowledge that occasionally a non-emergency may develop which necessitates the administration of non-emergency First Aid to my child. Therefore, in the event of non-emergency injury or illness which necessitates the administration of non-emergency First Aid, I hereby authorize Makanalani Kids and its staff in charge of the Makanalani Kids Camp to administer any necessary non-emergency First Aid. Non-emergency First Aid treatment may include, but is not limited to: cleaning, applying anti-biotic ointment to, and bandaging cuts or abrasions; removal of splinters; and applying an ice-pack to bites, stings, or an injury. The following substances may be used in the administration of non-emergency First Aid: water, ice pack, ACE bandage, antibacterial soap, alcohol swabs, anti-biotic ointment, and band-aids. No oral medication will be administered unless authorized and directed by the child's parent/guardian.

I understand that if I do not consent to the administration of non-emergency First Aid or to the administration of any of the substances listed above, I will give written notification to Makanalani Kids before camp begins.

Consent to Administer Emergency First Aid:

In the unlikely event of a life- or limb- threatening emergency, I give consent to Makanalani Kids and its staff to administer emergency First Aid as a first response until more advanced medical care is available. I understand that Makanalani Kids and its staff will use their best judgment, act in good faith, and will treat with the intention of not causing further harm.

Consent to Arrange Emergency Treatment:

I understand and acknowledge that on rare occasions an emergency may develop which necessitates the administration of medical care, dental care, hospitalization, or surgery to my child. Therefore, in the event of injury to my child which necessitates emergency medical or dental care, I hereby authorize Makanalani Kids and its staff in charge of Makanalani Kids Camp to arrange any necessary emergency treatment including the administration of anesthetics and surgery to my child. I also understand that a parent/guardian will be contacted at the earliest possible moment in the event of an emergency relating to my child.

Medical, Dental, Health, and Insurance Responsibilities:

I understand and acknowledge that Makanalani Kids cannot assume responsibility for determining the medical, dental, or health condition of my child. Therefore, I have consulted with a medical doctor and/or dentist, as I have deemed necessary, with regards to my child's individual medical or dental issues or needs, and find my child physically and mentally fit to participate in the Makanalani Kids Camp. If my child is required to receive medical, dental, or hospital services during camp, I am aware that Makanalani Kids cannot and does not assume legal responsibility for payment of such costs; rather, I hereby assure Makanalani Kids that I have assumed all risk and responsibility thereof and that my child has the necessary insurance to meet any and all needs for payment of these services during the Makanalani Kids Camp.

Permission to Use Photograph or Likeness:

I hereby give my permission to Makanalani Kids to use my child's photographic image, in whole or in part, for camp-specific public information and for marketing activities at the discretion of Makanalani Kids. I understand that the photography remains the property of Makanalani Kids.

If you do not give permission to use your child's photograph or likeness, please circle NO.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

Name of Parent/Guardian of Child Listed Above (please print)

Signature of Parent/Guardian

Date

HEALTH AND PERMISSION FORM:

PLEASE COMPLETE: This is very important information for us to have on file.

Participant Information:

Name: _____

Birth Date: _____ Age: _____ Sex: (Circle one) M F

Parent/Guardian and Emergency Contact Information:

Name: _____

Address: _____

City: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Insurance Information:

Is the participant covered by family medical/hospital insurance: (circle one) YES NO

If so, indicate carrier or plan name: _____ Group #: _____

Family Doctor: _____ Doctor's Phone: _____

Participant's Health History

<u>Condition</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
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Severe bee sting allergies

Allergies – Hay Fever, Food, Other

Asthma (If YES, will he/she be bringing an inhaler?)

Health Conditions (If YES, please explain)

Behavioral Issues (If YES, please explain)

Food Allergies or dietary restrictions

Date of last tetanus:

OTHER: