



Camp Bharat 2016
India Association of Western Washington
Parental Permission Form/IAWW Waiver and Medical Authorization Form

BY REGISTERING YOUR CHILD/WARD IN CAMP BHARAT AND BY SIGNING THIS FORM, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTOOD THIS DOCUMENT AS IT RELATES TO THE PARTICIPATION OF YOUR CHILD/WARD IN A PROGRAM HELD UNDER THE AUSPICES OF INDIA ASSOCIATION OF WESTERN WASHINGTON AND HELD AT THE FORT WORDEN STATE PARK CONFERENCE CENTER, PORT TOWNSEND, WA

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The organizers of Camp Bharat 2016 will make every effort to provide a safe environment for all the Camp Bharat participants (campers and counselors), with regards to physical activities and food that they serve. The medical/allergy information you have submitted is designed to understand individual needs with the intent to fulfill them all. However, it is important for you to understand that even with safety measures, participation in a youth activities program such as this, involves unavoidable exposure to an inherent risk of injury.

Therefore, the parent or legal guardian named below as "PARENT/LEGAL GAURDIAN OF CAMP BHARAT PARTICIPANT," hereby acknowledges that he or she authorizes the participation of her child/ward in the Camp Bharat (Camper/Counselor) to participate in **Camp Bharat 2016**. Activities in this program include, but are not limited to: **various kinds of music, dance and cultural workshops, Holi, various sports activities, camp fire, small Field Trips, Carnival, youth dances** hereto (the "Program"). You further acknowledge your full understanding and appreciation that there are risks of injury associated with participation in the Program. These risks include, but are not limited to, drowning, injuries sustained from but not limited to falling, reasonable sport-appropriate contact, overexertion **or allergic reactions to any food or beverage served at** or from the contact of Holi powders, or from the application of sunscreen applied to participant's skin during the Program. These risks occur in activities including, but not limited to, various sports activities, and some cultural events such as Holi, and other indoor and outdoor sport activities exclusively designed for this Camp/Program by the Youth Board of the India Association of Western Washington.

The person signing this document hereby represents that he or she has advised IAWW via the registration process of any facts known to him or her which would make the Camp Bharat participant more susceptible to injury or risk of injury as a result of participating in the Program than would be the average person of the same age.

By signing this form, you agree to assume all risks and responsibilities surrounding the participation of your child/children/ward(s) in Camp Bharat and, further, to release the India Association of Western Washington and all its officers director, camp physicians and other volunteers thereof from any claims, demands, actions, causes of action, lawsuits, expenses, or losses (including court costs and all reasonable attorney fees) you may incur on account of personal injury (including death) arising out of or attributable to Camp Bharat Participant's participation in the Program, whether such personal injury or death is caused by the negligence of Camp Bharat organizers, India Association of Western Washington, its trustees, camp physicians, volunteers or agents, or otherwise.

"I, as Parent or Guardian, of the minor participant represent to India Association of Western Washington that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in camp. In the case of an accident or illness in which the Camp Bharat participant is not able to give consent for medical care, I (the Parent or Legal Guardian) hereby give permission for the above minor to be given emergency medical treatment.

Further, in consideration granting such license, agree, individually and on behalf of my child or ward, to terms of the above Agreement and Release of Liability".

Executed on (enter date): _____

This waiver shall be effective for Camp Bharat and all youth programs participated in by the child/ward of the undersigned parent/legal guardian for one year after the date executed.

Camp participant's name: _____ Date of Birth: _____

Medical Insurance Provider: _____ Group/Plan ID: _____

Name of parent/legal guardian: _____

Signature of parent/legal guardian _____