**DE LA SALLE COLLEGIATE**

2020 Summer Camps

**2020 Release and Waiver of Liability**

Please complete and turn in prior on the first day of camp

**Student Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_  
**Camp(s) Attending:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releasor, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to De La Salle Collegiate High School and its constituents (hereinafter “DLS”).

The undersigned hereby acknowledges that participation in the above named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of DLS allowing the undersigned to participate in the above named activity for which or in connection with which the school has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge DLS and the Board of Trustees, its members individually, and its officers, agents and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant’s immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge DLS, its officers, employees, and insurers including any self-insurance funds of the State from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

I understand that the acceptance of this release and waiver of liability by De La Salle Collegiate High School shall not constitute a waiver in whole or in part of sovereign immunity by said school, its members, officers, agents, and employees.

I have read the above carefully before signing. Further, I understand that this release and waiver of liability is binding.  
**Parent Initial:**  
\_\_\_\_ Release and waiver of Liability: I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.  
\_\_\_\_ Photography Permission: We give permission to use this participant’s name, likeness, and voice in any and all manner of media.   
*(More Initials/Signatures required on Reverse)*

**STUDENT CODE OF CONDUCT**  
Disciplinary action may be imposed whenever a student commits or attempts to commit any act of misconduct on the De La Salle Campus, or at any activity, function, or event sponsored or supervised by De La Salle Collegiate, including but not limited to:

1. Possession, use or distribution of an illegal or controlled substance, or look-alike drug.  
2. Unauthorized and/or illegal possession, use or distribution of any alcoholic beverage.  
3. Theft of property or services.  
4. Intentional or willful and wanton destruction of property.  
5. Assault and/or battery.  
6. Possession of a weapon.  
7. Conduct which constitutes harassment or abuse that threatens the mental well-being, health or safety of any individual.

Consequences include, but are not limited to, time out, notifying parents, and removal from the program for the safety and well-being of other campers.  
\*Disciplinary action may also be imposed whenever a student commits any acts of misconduct during an off-site event or activity.

**Parent initial:**  
*Behavior Contract*   
\_\_\_\_\_We, the parent/guardian, understand and agree to abide by the De La Salle Collegiate Code of Conduct. I acknowledge that we are fully aware of the consequences resulting from the violation of any of the guidelines and agree to comply with the Code of Conduct.

*Treatment Authorization and Permission*  
\_\_\_\_\_ I authorize DLS staff to administer immediate and emergency medical treatment, including (A) transporting my child to a hospital emergency room or (B) calling the local rescue squad or ambulance.

\_\_\_\_\_ I acknowledge In accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provide by DLS (the third page of this document).

1) Please list specific medical allergies, chronic illnesses, or other conditions that will impact participation in camp.   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
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2) Does the participant take any medication on a regular basis? Yes No   
Will the medication need to be administered during program hours? Yes No   
If yes, list medications and directions for taking the medicine. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Emergency Contact Person**  
Name of emergency contact person authorized to pick up participant (in case parent/guardian is unavailable)  
Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Camps will be filled on a first-come, first-served basis. Full Payment is due at time of registration.*

