

**Tapatio Springs Boerne Academy Summer Camp Program
Medical Waiver and Release Form**

To be completed by parent or guardian; please print clearly; one participant per form.

Name: _____ Birthday: _____ Age: _____ Sex: M F
Address: _____ City: _____ State: _____ Zip: _____
Social Security Number: _____
Home Phone: _____ Work: _____ Cell: _____
Parent/Guardian: _____
Insurance Carrier:
Carrier Name: _____ Group #: _____ Member I.D. _____
Carrier Phone # _____

Allergies:

____ Insect stings
____ Penicillin
____ Poison Ivy
____ Hay Fever
____ Foods (please list all if applicable)

____ Medicines (please list all if applicable)

Restricted Activities:

I, _____ agree that _____ may
(Parent or Legal Guardian) (Participant)
participate in the Tapatio Springs Golf Resort's Day Camp, Boerne Academy Summer Camp Program,
scheduled to begin on/at _____ and conclude on/at
_____.

In consideration of participation in the Tapatio Springs Boerne Academy Summer Camp Program, I agree, on behalf of the above named child, his/hers heirs and representative to fully and forever release, discharge and covenant not to sue Tapatio Springs Golf Resort and Conference Center, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, damages, actions, of causes of action, whatsoever arising out of a or related to belonging to me, whether caused by the negligence of the releases, or otherwise, while participating in such activity or while in on or upon the premises where the activity is being conducted or in transportation to and from said premises.

To the best of my knowledge, the above named child can fully participate in all activities related to Tapatio Springs Boerne Academy Summer Camp Program. I am aware or risks and hazards in connection with all activities, including but not limited to the risks as noted herein, and my child hereby elects to voluntarily

participate in said activity, and to enter the above named premises and engage in such activity knowing that the activity may be hazardous to my child. I voluntarily assume full responsibility for any risks or loss, property damage or personal injury, including death, which may be sustained by my child or any loss or damage to property owned by me or my child, as a result of being engaged in such an activity, whether caused by the negligence or releases otherwise.

It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs assigns and personal representative, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue the above named releases. I hereby further agree that this waiver of liability and hold harmless agreement shall be constructed in accordance with the rules of Tapatio Springs Golf Resort and Conference Center.

I understand that Tapatio Springs Golf Resort and Conference Center will not be responsible for any medical costs associated with an injury my child may sustain. My child and I further agree to become familiar with the rules and regulations of Tapatio Springs Golf Resort and Conference Center concerning participant's conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction. I also understand that I should and am urged by Tapatio Springs Golf Resort and Conference Center to obtain adequate health and accident insurance to cover any personal injury to my child that may be sustained during the activity or the transportation to and from said activity.

I HEREBY FURTHER AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF "Tapatio Springs Boerne Academy Summer Camp Program." I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL TO ORDER INJECTION AND/OR ANESTHESIA AND/OR SURGERY FOR MY CHILD AS NAMED ABOVE. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR THE COSTS OF ANY SPECIALIZED EVACUATION AND OF ANY MEDICAL CARE AND ACKNOWLEDGE THAT THESE COSTS ARE THE FINANCIAL RESPONSIBILITY OF THE UNDERSIGNED. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY "CAMP TAPATIO'S" PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.

I have reviewed the above information and am aware of the risks involved in participating in the summer camp activities and the possible injuries that may occur. My child freely and voluntarily agrees to participate in the activity listed herein. In signing this release, I acknowledge and represent that I have read the foregoing waiver of liability and hold harmless agreement, understand it and sign voluntarily as my own free act and deed; no oral representation, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate, and complete consideration fully intending to be bound by same. Also, I understand that all rules and regulations for "Boerne Academy Summer Camp Program" will be enforced and any violation by my child will result in a telephone call to the parent or legal guardian with a possible request to come and pick-up my child.

(Parent or Legal Guardian printed name)

(Parent or Legal Guardian signature)

(Date Signed)