

**Shine Bright Medical and Liability Release**

**Camper Information**

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information**

Primary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Information**

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications (if any): \_\_\_\_\_  
\_\_\_\_\_

**Medical Authorization**

I, the undersigned parent/guardian, authorize the staff of the Summer Camp to obtain medical treatment for my child in the event of an emergency. I understand that reasonable efforts will be made to contact me prior to any treatment.

This authorization includes, but is not limited to:

- First aid treatment
- Emergency medical care
- Hospitalization
- Diagnostic testing (e.g., X-rays)
- Administration of medications as deemed necessary by licensed medical personnel

I understand that reasonable efforts will be made to contact me prior to treatment. However, in the event I cannot be reached, I grant permission for treatment as deemed necessary. I accept full financial responsibility for any medical expenses incurred.

I acknowledge that "Shine Bright Art Camp" activities involve inherent risks, including but not limited to:

- Physical activities
- Tools or materials
- Interaction with other participants

I voluntarily assume all such risks, both known and unknown, even if arising from the camp's negligence, except in cases of gross negligence or willful misconduct.

Parent/Guardian Initials: \_\_\_\_\_

**Liability Waiver and Release**

To the fullest extent permitted by law, I, on behalf of myself and my child, hereby release, waive, discharge, and covenant not to sue the Randolph Arts Guild, its directors, officers, employees, volunteers, agents, and affiliates from any and all claims, liabilities, damages, or causes of action arising out of or related to participation in camp activities.

This includes, but is not limited to:

- Personal injury
- Illness
- Property damage
- Losses or delays

Except where prohibited by law, this release applies even if caused by negligence.

**Indemnification Agreement**

I agree to indemnify and hold harmless the Randolph Arts Guild and its representatives from any claims, demands, or legal actions brought by or on behalf of my child or any third party arising from participation in camp activities.

Parent/Guardian Initials: \_\_\_\_\_

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**Acknowledgment and Signature**

I have read and understand this Medical and Liability Release Form and agree to its terms.

Parent/Guardian Name (Printed): \_\_\_\_\_