

PAINTED OAKS ACADEMY ACTIVITY AND PHOTO RELEASE FORM

CHILDREN(S) NAME: _____

SWIMMING RELEASE

I, Give () or Do not Give () *Please check one X

My child, permission to participate in swimming activities at Painted Oaks Academy. I understand that Painted Oaks Academy will have a full time supervision during pool swim times and use all reasonable precautions to ensure the safety of my child during these sessions. I will not hold Painted Oaks Academy or the instructors or Counselors liable for accidents or mishaps resulting from this activity.

FUN PARK RELEASE

I, Give () or Do not Give () *Please check one X

My child permission to participate in our Fun park. Painted Oaks Academy, agrees to use all safety precautions possible during these activities including the available use of all approved safety equipment. We at Painted Oaks Academy, wish to allow our children as much freedom as possible during supervised play- time. However, we must inform you that our insurance policy does not cover liability for incidents that may occur during the above stated activities, playground, Bounce Pad, Rock climb, Obstacle course, tree climbing, bug bites or negligence during outdoor play.

PHOTO RELEASE

I Do () or I Do Not () *Please check one X

Consent and authorize the use and reproduction of any and all photographs and other audio/ visual materials taken of my child for promotional material, educational activities, exhibits, possible use on web- site, or for any other benefit of the program at Painted Oaks Academy's day camp.

INSURANCE DISCLOSURE

Your personal insurance is the insurance for all accidents. We have staff watching your children at all times, but, with our environment we will have accidents. We have basic first aid available. If you do not have insurance, please let us know. We need to know the name of your child's Family Doctor and your instructions for emergency contact, medications and insurance company information. We hope this will clear up any misconceptions in advance.

EMERGENCY CONTACT(S):

Name:

Name:

Number:

Number:

DOCTOR INFO:

Physicians name: _____

Numer: _____

Name of Authorized person(s) to drop off/pick up my child(s):

1) _____

2) _____

PRINTED NAME

SIGNATURE

DATE