

City of Los Angeles Department of Recreation and Parks
Griffith Park Boys Camp & Hollywoodland Girls Camp

Waiver Release

Agreement Assuming Risk of Injury or Damage, Waiver and Release of Claims and Authorization for Emergency Medical Treatment for Minor Child.

1st Camper's Name _____ 2nd Camper's Name _____

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the above named minor child ("Minor") the opportunity to participate in the Camp program described in the brochure, ("Program").

I, (print name) _____

I am aware that there are certain risks of injury and/or damage inherent in the Program activities.

I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick them up at the time requested by camp staff.

I agree to complete the camp health history form providing Minor's current, complete and truthful health history, including immunization history and overall physical, mental and emotional health status. Under certain medical conditions, I understand that Hollywoodland Girls Camp and Griffith Park Boys Camp may require a written authorization based on a physical examination by a licensed medical person as a requirement for the Minor to participate in the Program. To the best of my knowledge and belief, Minor is not subject to a physical or mental infirmity nor under the influence of any medication or other substance which might hinder their safe participation in the Program.

I will instruct Minor to abide by all safety regulations and to take reasonable precautions to minimize the risks of injury or damage arising from participation in the Program.

I give my consent to have Minor participate in all aspects of the Program and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which Minor may sustain as a result;

I give my consent to have the Minor transported by car, van or chartered school bus, as part of the program;

I understand that the City has no obligation to obtain medical treatment for Minor. Should it be necessary for Minor to have emergency medical care while participating in the Program, I hereby give the City personnel my permission to use their judgment in obtaining him/her medical care and I give permission to the medical care provider selected by the City personnel to render medical care deemed necessary and appropriate;

I understand that the City at its sole option but without obligation may procure insurance to cover all or part of such medical expense incurred by Minor. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility;

I agree to keep the camp advised if I plan to be out of contact for any period of time during a camp session and to provide contact information;

I also authorize the City to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials;

Except for the gross negligence or willful misconduct of the City, I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in the Program or any related activities.

I have carefully read this agreement. I understand what it means and my signature below is my own free act. I intend it to be legally binding on Minor and myself. I also acknowledge that I have read and understand the payment, refund and condition of enrollment policies found in this camp brochure.

Important: Parent or Guardian's signature required:

X _____ Date _____

Parent/Guardian Name _____ Tel: () _____