

MoPOP SUMMER PROGRAMS



RELEASE FORM (Minors)

ALL FIELDS MUST BE COMPLETED

NAME OF PARTICIPANT ("MINOR"): _____ PREFERRED PRONOUNS _____

NAME OF CAMP: _____ CAMP DATES: _____

PHOTO RELEASE

Please note that approval of this release is not required for your child to attend summer programs. However, your approval will help us promote future summer programs and other educational offerings.

I, as parent or legal guardian for Minor, give Experience Learning Community d/b/a MoPOP permission to use the above named Minor's visual likeness and the Minor's photographs, artwork, audiovisual materials, musical compositions, performance, and/or sound recordings (the "Materials") for promotion and publicity of MoPOP and of MoPOP summer programs. Such promotion and publicity shall be limited to MoPOP publications and local, regional, and national newspapers, magazines, websites, and brochures. I release MoPOP, its agents, employees, licensees, and assigns, from any and all claims I may have now or in the future for use of the Materials as outlined above.

____ I APPROVE THIS PHOTO RELEASE

____ I DO NOT APPROVE THIS PHOTO RELEASE

Signature of Parent or Guardian: _____ Date: _____

Printed Name of Parent or Guardian: _____ Relationship: _____

AUTHORIZATION TO SEEK MEDICAL TREATMENT

In the case of accident or illness, I hereby give MoPOP permission to seek medical and/or surgical treatment which may be deemed necessary for my child. In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations, operations, treatment, and all other related care, including the administration of drugs, tests, anesthesia, and/or blood transfusions to the above named Minor that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named Minor to the hospital. I hereby assume full and complete responsibility for costs and expenses of such medical treatment.

Emergency Contact: _____ Phone: _____

Name of Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Signature of Parent or Guardian: _____ Date: _____

Printed Name of Parent or Guardian: _____ Relationship: _____

HOLD HARMLESS LIABILITY RELEASE

I authorize my child, the Minor named above, to participate in MoPOP's summer programs (the "Program"). I acknowledge the inherent risks that may result from my child's participation in the Program including falls, fractures, contraction of infectious diseases, misbehavior of other children, etc., all of which may result in injury or loss of life to my child or damage to his/her/their/our property. I hereby assume these risks, including those caused by simple negligence of MoPOP, and release all claims held by me, my spouse, and my child arising from my child's participation in the Program and accept full responsibility for the cost of all medical treatment to my child as a result of any injuries caused by or through such other risks. I further agree to indemnify and hold harmless MoPOP and its officers, employees, and representatives from any injuries, liabilities, claims, damages, and expenses, including attorney fees, incurred by MoPOP, me, my child, or on behalf of my child, arising from my child's attendance and participation in the Program, with the exception of gross negligence or reckless misconduct of MoPOP. If any term or provision herein is found to be invalid or unenforceable, then the remainder of this document will have full force and effect, and invalid term(s) and/or provision(s) will be modified, or partially enforced, to the maximum extent permitted by Washington State law. I have read all of the above terms and conditions and I understand and agree to be bound by them.

Signature of Parent or Guardian: _____ Date: _____

Printed Name of Parent or Guardian: _____ Relationship: _____