

## **2017 Squire Camps Liability Release Form**

PO Box 885, Sleepy Hollow, NY 10591

(Please print, use one form per child)

Child Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

*I wish to participate in the 2017 Squire Camps Programs. I realize that my child's participation in this activity may involve risk of injury. I recognize that there are risks of injury, which may be serious and disabling and may arise due to my participation in this activity, and that it is impossible to specifically list each and every individual risk. The applicant will provide proof of recent medical exam prior to the start of camp in accordance with the NYS Board of Health. I will expressly assume all possible risks of injury, accidents or death which could occur by reason of my participation, and specifically release The Maria Regina High School, The Archdiocese of New York and His Eminence Cardinal Timothy Dolan, and Squire Advantage Inc. and their employees and agents from any and all liability on account of my participation, including without limitations releasing from negligence, which might cause potential liability. I agree to hold The Maria Regina High School, The Archdiocese of New York and His Eminence Cardinal Timothy Dolan, and Squire Advantage Inc. harmless from liability, loss, or personal expense arising out of this camp or activity. In case of an emergency, I grant permission for my child to be given medical treatment as prescribed by a physician, nurse, trained medical responder, or hospital. I have read and agree to abide by the camp brochure. Photos are taken during camp and may be used for advertising purposes. If you do not wish to have your child's picture included, please notify us in writing.*

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

