

Howard County Arts Council • Visual & Performing Arts Summer Camp 2025

Camper Emergency, Health History, and Waiver/Release Form

Please fill out an individual form for each program participant.

Participant Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name(s): _____

Address/City/State/Zip: _____

Primary Phone: _____ (H/C/W) Alt. Phone: _____ (H/C/W)

How did you hear about HCAC's Summer Camp? _____

In case of emergency, contact:

Emergency Contact #1: _____

Phone: _____ Relationship to Camper: _____

Emergency Contact #2: _____

Phone: _____ Relationship to Camper: _____

Authorized Pick-Up Information:

Please list people authorized to pick up your child from summer camp: _____

Health Information:

Child's Physician: _____ Phone: _____

Are there any health problems including physical, psychiatric, or behavioral of which we need to be aware? **NO YES**
(please explain below)

Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware of to ensure that your child's camp experience is positive? **NO YES (please explain below)**

Immunization Information:

For campers who reside within the United States or its territories. Campers residing outside of the United States or its territories must list country where child resides and attach form DHMH-896 (record of vaccination or immunity).

State/territory in which child resides: _____ Is this child exempt from immunizations? **NO YES**

If yes, please list exemptions: _____

WAIVER AND RELEASE

The front of this form must be signed by participant. If participant is under 18 years of age or under a legal disability, it must be signed by the participant's parent or legal guardian. HCAC reserves the right to reject any participant in the event of failure or refusal of participant to accurately complete and sign all required documents.

I understand and have read this form carefully and in its entirety and I am aware that in registering for participation in this program or activity, I will be waiving and releasing all claims, to the extent enforceable by law, for injuries I may sustain as a result of participating in any programs or activities connected with or associated with The Howard County Arts Council, Inc. ("HCAC") and/or the Howard County Center for the Arts.

I understand that it is my responsibility to consult with a physician regarding my physical condition and ability to participate in the activity or program offered. I understand that in case of emergency, the Howard County Arts Council staff will immediately call an ambulance and an emergency contact name listed on the front of this form. Emergencies will be taken by ambulance to Howard County General Hospital, the nearest hospital to the Center. I authorize program staff to have my child transported to that hospital. As a participant in HCAC programs and activities, I recognize and acknowledge that there are certain risks inherent in this activity, and I agree to assume, to the extent enforceable by law, the full risk of any injury, property damage or loss, which I may sustain as a result of participating in this program.

I agree to waive and relinquish claims, costs, liabilities, expenses, and judgments I may have against HCAC, its affiliates, agents, employees, volunteers, faculty members, staff members, independent contractors, officers, agents, successors, and assigns and/or any other person or entity associated with HCAC, from any claims by other parties resulting from injuries, damages and losses caused by me and arising out of, connected with, or in any way associated with the activity or program offered.

I hereby irrevocably grant, assign and transfer to HCAC, at no charge to HCAC, all right, title, and interest in all videos, films, photographs, likenesses, transparencies, and motion pictures of me and/or my property and recording of my voice taken during any HCAC program or activity, and I specifically authorize and empower HCAC to cause any such items to be copyrighted or in any other manner to be legally registered in the name of HCAC, which I agree will be the sole owner thereof. I waive all claims of compensation for such use.

I understand that if any court of competent jurisdiction holds that the whole or any part of the foregoing provisions is unenforceable by reason of extent, duration, scope, or otherwise, then the validity of the foregoing shall not be affected thereby, but such extent, duration, scope or other offending provision shall be modified to the minimum extent necessary to make the same enforceable.

I agree to abide by all the rules, regulations, and policies of the Howard County Arts Council and agree that I have read and fully understand all program details and the Waiver and Release outlined above on this form. The Howard County Arts Council reserve the right to photograph, videotape, audiotape, or otherwise document programs and participants for educational and publicity purposes.

Parent or Legal Guardian's Signature: _____ **Date:** _____

I give HCAC permission to photograph, videotape, audiotape, or otherwise document programs and participants for educational and publicity purposes. **Yes** **No** **Initial here:** _____