



Medical Release, Liability Waiver, and Photography Release Form

Dane Camp for Little Vikings 2017

Camp Dates: 7/31/17 to 8/4/17

Camp Location: Seattle, WA

Medical/Surgical Release

By my signature, I understand that every effort will be made to contact me if my child needs emergency medical/surgical treatment, but if it is impractical to do so, I HEREBY GIVE MY PERMISSION to the physician selected by the Northwest Danish Association Dane Camp staff to secure proper medical treatment, to hospitalize, to order injection, anesthesia, x-rays or surgery for my child as named above.

Release of Liability

By their signature, parents or guardians release the NWDA of liability if their child is injured, falls ill or is disabled during the course of camp. Parents or guardians may be held liable for damages to NWDA property or persons, caused by their child, during the course of camp.

Photography Release

By their signature, parents grant the right for NWDA to photograph the camper named above, use the photo or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or publishing via the internet.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date