



2915 Island Home Avenue

Date: _____

Knoxville, TN 37920

865-577-4717

This form must be completed in order for your child to attend camp. Please print.

Child's name _____ Date of Birth: _____

Parent/Guardian Name: _____

Preferred Phone Number: _____ (Whose phone is this?): _____

Alternate Phone Number: _____ (Whose phone is this?): _____

Address: _____

City: _____ State: _____ Zip: _____

Please list 2 additional emergency names and phone numbers.

Name: _____ Phone: _____

Name: _____ Phone: _____

Special Medical Needs and Conditions (please explain in the space provided).

Medications

Will your child be taking medications while at camp? Yes No

(Medications include prescriptions, over-the-counter medicines, vitamins, inhalers, etc.)

Medication: _____ Dosage: _____ When is it taken? _____

Reason for taking: _____

Medication: _____ Dosage: _____ When is it taken? _____

Reason for Taking: _____

Medical Authorization

I hereby authorize emergency medical care for my child.

Electronic Signature: _____

Please type your First and Last Name

- I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance. I authorize emergency medical care if needed for my child

My child has permission to be checked-out and ride home with the following people:
(In addition to the parents/guardians listed above).

1. _____
2. _____
3. _____
4. _____

Photography Permission

Occasionally we will take pictures during the camp day of campers participating in activities to use in promotional materials (web site, fliers, brochures, etc.), informational presentations, or the Ijams newsletter.

Yes, you may use photos of my child.

No, you may not use photos of my child.

SUMMER CAMP ACTIVITY LIABILITY RELEASE

Please read carefully. This is a release of liability and waiver of legal rights.

1. The undersigned, being at least 18 years old, has read and signed the following release, or if he/she is younger than 18 years of age, has a guardian who has read and signed the following release (hereinafter referred to collectively as "I").
2. I acknowledge that the activities that are part of Ijams Summer Camp including (but not limited to) hiking, climbing, paddling, caving, and field trips (collectively referred to as "the Activity") are hazardous and involve a great risk of physical injury or death. I assume all risks associated with the Activity including, but not limited to, obstacles, other vehicles, rough terrain, debris, trail conditions, changing weather conditions, and other hazards. I hereby recognize and assume those risks.
3. In consideration of the instruction and equipment provided by **River Sports Outfitters and Ijams Nature Center** ("Camp Providers"), I agree to release and hold harmless the Camp Providers, their subsidiaries and affiliates, their respective agents, directors, officers, owners, contractors and employees (collectively "the Released Parties") from any and all claims I might have as a result of the Activity, including those claims based on negligence or breach of warranty. Additionally, I agree to indemnify the Released Parties for any and all claims whatsoever brought by a third party for any damage which I may cause or which any other person may cause while engaged in the Activity.
4. I agree to utilize all equipment in a safe and responsible manner, in accordance with instruction provided by the Camp Providers. I understand and agree that I am responsible for the equipment and any protective equipment provided. I acknowledge that the Camp Providers have advised me the use of safety gear is mandatory.
5. I accept responsibility for any medical expenses incurred in connection with the Activity; I agree to indemnify the Released Parties for any and all claims; and I agree to indemnify the Released Parties for any and all claims brought by a third party arising in connection with participation in the Activity.
6. In exchange for the Camp Providers allowing me to utilize the aforementioned equipment, I **CONTRACTUALLY AGREE** that any and **ALL DISPUTES** between myself and the Camp Providers arising from my participation in the Activity **OR** use of this equipment, and **INCLUDING** any claims for personal injury and/or death, **WILL BE GOVERNED BY THE LAWS OF THE STATE OF TENNESSEE.**
7. I agree that if any portion of this release is found invalid or unenforceable, the remaining provisions will be fully enforceable to the fullest extent allowed by law. This agreement is binding on my estate, heirs, administrators and assigns.

I HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Electronic Signature: _____

Please type your First and Last Name

- I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.