

Sense of Wonder LLC

Please read this two page form and complete the required information. Your child will not be allowed to participate in our summer camp program unless our records indicate that this form has been completed and signed by you. We will require a separate form for each of your children participating in our program.

Camper information:

Camper name: _____

Parent or Guardian name: _____

Address: _____

Contact phone: _____

Email Address: _____

Emergency Contact Information: _____

Doctor's Name and Phone No: _____

Medical History: allergies, physical limitations, or medication required:

2. Medical Insurance: Sense of Wonder Camp is operated by Sense of Wonder, LLC, a California Limited Liability Company, and it does not provide any medical insurance to cover medical expenses incurred by the camper. The camper's family medical insurance policy must cover any such costs that may be incurred.

3. Medical Authorization: The camper's parent/legal guardian signing this form warrants and represents that the camper is physically fit and able to participate in the camp activities, and consents to Christopher Haskins, Joy Haskins, or any other employee, agent, assistant, or other person associated or affiliated with Sense of Wonder, LLC to seek medical attention and/or treatment or other measures deemed necessary or advisable in the discretion or judgment of Sense of Wonder, LLC for above named camper, in the event of an accident, sudden illness, or any other condition that occurs while the camper is in the care and supervision of Sense of Wonder, LLC personnel.

The parent/legal guardian further understands that Sense of Wonder, LLC will make reasonable efforts to notify the parent/legal guardian or other parent of the camper in the event of any incident that may require health care or treatment of the camper; however, such parent/legal guardian understands that such notification may not be able to be provided under the circumstances prior to such health care and/or treatment.

The parent/legal guardian signing this form releases Sense of Wonder, LLC, and all of its owners, agents, personnel or other persons affiliated therewith, including the home owners at which the Sense of Wonder Summer Camp is operated on the day of the incident, from any and all liability for such health care decisions or actions in seeking medical care and treatment for the camper, and specifically agrees to pay for all costs and fees that may be charged or incurred for such medical care and treatment authorized

under this Medical Authorization

4. Liability Waiver and Release: The parent/legal Guardian hereby agrees to release and hold Sense of Wonder, LLC, its owners, agents, assistants, helpers, personnel, and other persons affiliated therewith, including, but not limited to, Christopher Haskins, Joy Horgan and any other real property owner in which the Sense of Wonder Camp is located at the time of any incident for which this document is relevant and material, from any and all claims, damages, losses, and/or expenses, arising out of the camper's participation in camp activities, and assume any and all liability for any and all personal injuries, bodily injury, illness or property damage that occurs as a result of participation in any camp activity. The parent/legal guardian also warrants and represents that participation in camp activity by the camper is voluntary and the camper and his or her parent(s) or legal guardian understands that there may be some risk involved in some camp activities. Each camper agrees to obey all the rules and policies mandated by camp personnel. The parent/legal guardian understand and agree that all rights under Section 1542 of the California Civil Code of Procedure, are hereby expressly waived. Said Section reads as follows:

"Certain claims not affected by general release. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing this Release, which if known by him must have materially affected his settlement with the debtor."

I have carefully read this document and fully understand its contents. I am aware that this is a Release of Liability and an Authorization of Emergency Medical Care and Treatment of my child or ward. I have signed this document voluntarily and of my own free will. I am not relying on any representations, statements or inducements by any person associated with Sense of Wonder, LLC.

I do certify that I am the parent or legal guardian of the camper described above and I agree to all the terms of this document.

Dated _____, 20

Print your name here

Your signature here