

GOT Kids Camp

October 3-7, 2022 | 9:00 a.m. – 2:00 p.m. | Lodi Middle School

Lodi Unified School District, 7-8th grade students

Grant funding provided by: The Antone E. and Marie F. Raymus Foundation

Presented by: Giving Opportunities To Kids Foundation

Permission to Participate and Emergency Information

Participation is limited to 60 students chosen by lottery. GOT Kids will notify parents/guardians via email by September 23, 2022 if selected for participation. PRINT CLEARLY!

_____ has my permission to participate in GOT Kids Day Camp, October 3-7.

Student Name (print clearly) _____

School _____

Grade (circle one) 7 or 8 **Adult T-Shirt Size** _____

Parent/Guardian Name (print clearly) _____

Email (print clearly) _____

Phone Number (cell) _____

Phone Number (home/work) _____

Alternate Emergency contact (required) _____ **Phone Number** _____

2nd Alternate Emergency contact (required) _____ **Phone Number** _____

Please initial below:

____ I will provide transportation to and from camp on time. If they are not picked up by 2:15PM, my student will not be able to return and participate in GOT Kids Camp. My student will be released only to the contacts listed above.

____ I have completed, signed, and attached the GOT Kids Camp waiver and release of liability.

____ I have completed, signed, and attached the medical information and authorization for third party consent to medical treatment.

____ Lunch, water, and snacks will be provided each day. Any dietary allergies or restrictions have been listed on the medical information form.

Parent/Guardian Signature

Date

Your signature also authorizes GOT Kids to use photos of your child for promotional /marketing purposes including social media unless written dissent is attached to and submitted with this form.

Email signed permission form and waiver of liability to GOT Kids at info@gotkidsca.org by September 21, 2022.

Questions? Please call 209-329-3293

GOT Kids Camp Waiver and Release of Liability

This form must be read carefully, signed and submitted for every applicant by 9/19/22 to be entered into the lottery for participation.

Parent/Guardian Name _____ Phone _____

Participant's Name _____

In consideration for being allowed by the Giving Opportunities to Kids Foundation, ("GOT Kids") to participate in We GOT Skills Day Camp ("Camp"), I hereby agree that:

My child agrees to accept and abide by the rules and policies of the Camp as established by GOT Kids and to obey the direction of the GOT Kids' representatives.

I understand that neither medical nor health insurance coverage is supplied by GOT Kids, and that my child is responsible for all insurance coverage.

I understand that participation in the Camp exposes my child to a variety of hazards and risks, foreseen and unforeseen. These hazards and risks include, but are not limited to, serious personal injury, property damage, and death ("Injuries and Damages"). I understand that Injuries and Damages can arise as a result of negligence or otherwise, from natural causes, physical conditions, science experiments, and recreational activities.

In consideration for my child's acceptance and participation in the Camp and intending to be legally bound, I agree that:

My child's participation in the Camp is voluntary and I and my child voluntarily assume all risks associated with my child's participation in the Program. I understand that GOT Kids does not assume any responsibility for any Injuries and Damages arising from or connected with my child's participation in the Camp.

This Waiver and Release of Liability is intended to be as broad and inclusive as permitted by law and governed by the laws of the State of California. If any provision or any part of any provision of this Waiver and Release of Liability is held to be invalid or legally unenforceable for any reason, the remainder of this Waiver and Release of Liability shall not be affected thereby and shall remain valid and fully enforceable.

MY CHILD, A MINOR, AND I, ("WE") RELEASE AND DISCHARGE THE GIVING OPPORTUNITIES TO KIDS FOUNDATION, AND ITS ATTORNEYS, ACCOUNTANTS, AGENTS, EMPLOYEES, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, CO-PARTNERS, CO-VENTURERS, INSURERS, PREDECESSORS, PAST AND PRESENT, AND EACH OF THEM ("RELEASEES") FROM ANY AND ALL CLAIMS, DEMANDS, LIABILITIES, CAUSES OF ACTION, OBLIGATIONS, COSTS, EXPENSES AND FEES RELATIVE TO OR IN CONNECTION WITH THE PROGRAM OR ACTIVITIES, WHICH WE MAY HAVE AGAINST RELEASEES, WHETHER KNOWN OR UNKNOWN, WHICH WE NOW OWN OR HOLD, WILL OWN OR HOLD, OR HAVE AT ANY TIME HERETOFORE OWNED OR HELD AGAINST RELEASEES RELATIVE TO OR IN CONNECTION WITH THE PROGRAM OR ACTIVITIES.

WITH RESPECT TO ANY CAUSES OF ACTION OR CLAIMS WHICH ARE PRESENTLY UNKNOWN, WE ACKNOWLEDGE AND REALIZE THAT FACTUAL MATTERS NOW UNKNOWN TO US MAY GIVE RISE TO SUCH CAUSES OF ACTION AND CLAIMS, AND THAT THE GENERAL RELEASE IN THIS WAIVER AND RELEASE OF LIABILITY HAS BEEN AGREED UPON IN LIGHT OF THAT REALIZATION, AND HAVING BEEN MADE FULLY AWARE OF THAT CONTINGENCY, WE NEVERTHELESS INTEND TO RELEASE UNKNOWN CLAIMS. IN THIS CONNECTION WE HEREBY ACKNOWLEDGE THAT WE EXPRESSLY WAIVE THE PROVISIONS OF SECTION 1542 OF THE CALIFORNIA CIVIL CODE AS FOLLOWS: "A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR."

I acknowledge that I have received, read, understood, and agreed to the above and voluntarily sign this Waiver and Release of Liability.

Parent/Guardian (print name)

Signature

Date

**MEDICAL INFORMATION AND AUTHORIZATION FOR
THIRD PARTY CONSENT TO MEDICAL TREATMENT**

I am the **__parent __legal guardian** having legal custody of _____, a minor.

I hereby authorize a representative of the Giving Opportunities to Kids Foundation, ("GOT Kids") to act as my agent to consent in advance to whatever medical treatment or procedures might be necessary for the minor in case of injury or illness during our various children's programs ("Camp"). Such treatment may include, but is not limited to, anesthesia, X-ray examination and medical or surgical diagnostic procedure, and shall be in the best judgment of the attending physician.

I understand that every reasonable effort will be made to reach me or the listed emergency contacts in case of serious illness or injury. I understand that in the event of an emergency, such as an accident or sudden illness, GOT Kids, in its discretion, may call 911.

Participant's date of birth _____

Date of last Tetanus shot _____

Primary care physician and telephone number:

Insurance company and policy number:

Identify any physical, medical, dietary restrictions or limitations to be considered during participation in this program or any necessary emergency treatment (allergies, medical conditions, etc.)

All prescribed medication to be taken by the participant between the hours of Camp (9:00AM-2:00PM) MUST be listed on this form.

Parent/Guardian (print name)

Signature

Date