

**CONSENT, RELEASE AND WAIVER OF LIABILITY FORM FOR PARTICIPATION IN THE**

**2018 "Art of Mindfulness Kids Summer Camp"**

**PLEASE READ COMPLETELY AND CAREFULLY BEFORE SIGNING**

I grant permission for my child(ren) (please print) \_\_\_\_\_,  
to participate in the scheduled activities of the "Art of Mindfulness Kids Camp (hereinafter referred to as the "camp")

I understand that in order to participate in the camp, my child(ren) must abide by the rules established by the camp staff. The camp staff reserves the right to dismiss a child from the camp due to that child's disruption in any activity or overall program, including but not limited to verbal and physical aggression against staff or other participants, failure to follow safety or activity instructions, and any other disruptive behavior. A child's dismissal will be at the discretion of the camp staff. If a child is dismissed from the camp, there will be no refund.

I understand and agree to assume any and all risks associated with any of the camp activities. I knowingly assume all risks of injury, and waive and release and forever discharge the camp, Miller Middle School, and Durango School District 9-R for any of the camp staff and/or related camp staff businesses from all claims, liabilities, causes of action, demands, and damages of any kind that in any way arise out of, are connected with, or result from the voluntary participation of my child(ren) in this activity or any activity associated with this camp. I will not sue the camp or any persons associated with the camp for any claim of damages arising or growing out of my child's (or children's) voluntary participation in this program.

If any illness, injury or accident occurs, which in the sole judgment of the camp staff, requires immediate medical attention, I give consent for any member of the camp staff to obtain such emergency treatment. I further consent to the signing of any releases by the camp staff, which may be required by any medical care provider. I understand that in the event of an emergency medical situation, I will be notified as soon as possible. I also agree to provide the camp staff with an emergency contact number on the registration form.

I further understand that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury or accident occurring while my child(ren) is/are attending the camp is my responsibility, and that anyone associated with the camp, which includes but is not limited to the camp staff, Miller Middle School, and Durango District 9-R are not obligated to pay for such medical care.

I also grant permission for my child(ren) to be photographed for purposes of publicity. I understand that some photographs may appear in local newspapers, web sites or future brochures or flyers.

I have received a copy of this document and I certify I am at least 18 years of age and that I have read the above carefully before signing.

This \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of Parent or Legal Guardian (printed)