

Secrets of the Faeries Co. Waiver Form

Please read this two page form and complete the required information. You child will not be permitted to participate in our Secrets of the Faeries and Earth Warriors Camp Program unless our records indicate that this form has been completed and signed by you. We will require a separate form for each child who is participating in our program.

1. Camper Information

Camper Name: _____

Parent or Guardian Name: _____

Address: _____

Contact Phone: _____

Email Address: _____

Emergency Contact Information: _____

Doctor Name and Phone Number: _____

Medical History: Allergies, physical limitations, or medications required:

2. Medical Insurance: Secrets of the Faeries and Earth Warriors Summer Camp is operated by Secrets of the Faeries Company, (A California Sole Proprietorship), and does not provide any medical insurance to cover any medical expenses incurred by the camper. The camper's 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 Meghan "Faery Faeth" Mulqueen, or any other employee, assistant, agent or any other person affiliated with Secrets of the Faeries Co., to seek medical attention and/or treatment or other measure deemed necessary or advisable in the discretion or judgment of Secrets of the Faeries Co. for the 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 Secrets of the Faeries Company and personnel. The parent/legal guardian further understands that Secrets of the Faeries Co. will make reasonable efforts to notify the parent/legal guardian or other parent of the camper in the event of an 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 Secrets of the Faeries Co. and all of its owners, agents, personnel or other persons affiliated, there-with, including the homeowners and Ventura County Parks where Secrets of the Faeries and Earth Warrior Camps may be operating at on the day of the incident, from any and all liability for such healthcare decisions or actions seeking medical care and treatment for the camper, 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 and Waiver Release: The parent/legal guardian hereby agrees to release and hold Secrets of the Faeries Company, its owners, agents, assistants, helpers, and any other real property owner, city or state parks, on which Secrets of the Faeries and Earth Warriors Camp is located at the time of the incident for which this document is relevant and material, from any and all claims, damages or 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 injuries, 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 and his/her legal guardian understands there may be some risk involved with some camp activities. Each camper agrees to obey and follow 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 are not affected by general release. A general release does not extend to claims which the creditor does not know or suspect 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 the document voluntarily and of my own free will. I am not relying on any statements, representations or inducements by any person associated with Secrets of the Faeries Company.

Print Your Name Here: _____

Sign Your Name Here: _____

Date: _____