



# AAA ACADEMY

P.O. Box 7840 • Redlands, CA 92375 • (909) 748-6909

## AAA Academy Day Camp

### HOLD HARMLESS AGREEMENT/MEDICAL CONSENT TO TREATMENT

**Must be returned prior to child attending camp.**

I, on behalf of my family, my personal representatives and my heirs, and in consideration for my child being permitted to participate in the events at AAA Academy Day Camp, agree to assume all risks and responsibilities surrounding my child's participation and hereby voluntarily agree to release, hold harmless from and against, waive, discharge, hold harmless and defend AAA Academy and Redlands Educational Partnership and its officers, volunteers, and employees from any and all claims, actions or losses for bodily injury, property damage, loss of services or other loss which may arise. Further, I release and forever discharge, waive, and covenant not to sue AAA Academy or Redlands Educational Partnership from and against any and all liability from any and all harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which I may have, or which may hereafter accrue to me, arising out of or related to my child's participation in AAA Academy Day Camp. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the acts or other conduct by the owners, agents, volunteers, or employees of the AAA Academy and Redlands Educational Partnership. I further agree that this Release shall be governed and interpreted in accordance with the laws of the State of California.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Does your child have any allergies: [ ] No [ ] Yes, please list: \_\_\_\_\_

\_\_\_\_\_

Does your child take any medication: [ ] No [ ] Yes, please list: \_\_\_\_\_

\_\_\_\_\_

Insurance Provider & Policy No.: \_\_\_\_\_

Physician: \_\_\_\_\_ Dentist: \_\_\_\_\_

Child's Name (First and Last Printed) \_\_\_\_\_

Parent/Guardian's Name (Printed) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_