



TRẠI HÈ TIN YÊU 2011

Waiver and Medical Release

Camper Name: _____
(First Name) (Last Name)

Phone Number: _____

MEDICAL HISTORY

Does the camper have any allergies or medical conditions (Drug, Food and/or Environmental) Yes No
If yes, please list and explain in detail.

Will the camper need to take medication while at camp? Yes No
If yes, please indicate what medicine? How many (pills)? How often? Reason for meds:

Please note: There is NO medical staff during the camping period. It is your children responsibility to take the medication.

Does the camper have any special physical, mental, or emotional needs? Yes No If
yes, please list and give details. Please remember this form will be kept in strict
confidence. _____

(Please include any conditions or diagnosis, such as Diabetes, Asthma, ADD/ADHD, Depression, Bipolar Disorder, OCD, Anxiety Disorder, Oppositional Behavior, etc. Please include any information that will help the camp staff provide the best possible camp experience for your child.)

RELEASE

I, (participant's full name) _____ hereby agree to **waive and release any and all claims** for damages for personal injury or property which I may have resulting from my participation in the Trai He Tin Yeu/Gioi Tre Summer Camp (hereinafter "Event") and any of its activities, including but not limited to transportation to and from the Event, against the promoters, sponsors, officials, organizers or leaders (hereinafter "Organizers") of the Event which is held from September 8, 2011 to September 11, 2011 at Black Mountain Camp, 9514 Silver Lake Road, Maple Falls, WA 98266. I further understand that I am required to comply with all rules established by the Organizers or any of their designated agents. Any violation of any of the these rules will subject myself to exclusion from further participation in the Event and I will be responsible for making arrangement to return home.

This Waiver & Release is signed freely with full knowledge of the risks and dangers relating to the Event. Executed in the City of _____, State of _____.

_____ Date: _____
Signature of Participant (if over 18)

**If you are over 16 and under 18 by September 8, 2011,
you MUST complete the section below.**

I, (full name of parent/guardian) _____, have read and understood all the terms and conditions above and hereby allow my child to participate in the Event and will assume all responsibility for my child as if I was a participant.

_____ Date: _____ Phone #s: _____

Signature of Parent/Guardian

I have read and/or discussed with my parents about this Waiver and Release and I understand and agree to comply with all rules applicable to me in connection to my participation in this event.

_____ Date: _____

Signature of Minor Participant