

Authorization to participate or exclude participation in event activities: I give permission for my child to participate in all event activities with the following exceptions:

Authorization for medical care: I hereby give my permission to event officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that event officials will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Insurance Company: _____ Policy # _____

Subscriber Name and Address: _____

Parent's or Guardian's Signature: _____ Date: _____

Colorado State University Cooperative Extension Hold Harmless Release

In consideration of allowing my child _____ to participate in
(child's name)

GPA Wild Bug Fish Camp, I assume all risks in connection with the activities involved and agree to release Kit Carson

County, Colorado State University, Cooperative Extension, and their employees, from any injury

or damage which may befall _____ during his/her participation in
(child's name)

any Camp Activities from June 15-18, 2009. I agree to hold all listed parties harmless from any claim by me or my family estate,

heirs, or assigns arising out of _____ participation in these
(child's name)
activities.

I have read the contents of this affirmation and understand its contents. I understand that with any activity, there is a potential for injury or damages to participants.

(must be signed by parent or guardian)

(date)

