



KIDZ Kamp Release of Liability

I, _____, on behalf of my minor child, _____, any personal representatives, heirs, and next of kin, hereby release I.M.P.A.C.T Behavioral Health, INC dba I.M.P.A.C.T and their agents, employees and/or officers and Board of Directors from any liability of personal injury, death, or property damage through my child's participation in the I.M.P.A.C.T Kids Program. I am fully aware, understand and acknowledge that my child(ren) will be involved in physical activities, both outside and indoors, during the I.M.P.A.C.T Kids Program including but not limited to hiking on nature trails, playground activities, interaction with animals, theater activities, gardening, and arts and crafts that my child will engage in that may result in physical injury. I understand and acknowledge that these activities have inherent risks associated with them, and I knowingly assume those risks, release and covenant not to sue I.M.P.A.C.T for any liability whatsoever resulting from my child's participation in the activities of the I.M.P.A.C.T Kids Program In the event of an injury, I consent to emergency medical attention for my child. The undersigned hereby agrees to indemnify and save and hold harmless I.M.P.A.C.T from any loss, liability, damage, or cost that may occur as a result of my minor child's participation in the I.M.P.A.C.T Kids Program The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence of I.M.P.A.C.T or otherwise while in, about, or upon the premises of the I.M.P.A.C.T Center. The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing writing agreement have been made.

Photo Release Form

_____ I.M.P.A.C.T KIDZ Kamp may use any photo, slide, or quote for publicity/marketing purposes.

(Initials)

Signed this ____ day of _____, 2014

Parent/Guardian printed name _____

Parent/Guardian signature _____

Child Name (please print) _____

Address _____

City _____ State _____ Zip Code _____

Phone : _____