



PERMISSION, WAIVER AND REALEASE FORM TO:

COLISEO DE LAS ARTES, MAKIWARA INC. / GIVE ME 5 ACADEMY INC

Student (s) Full Name: _____

Parent/Guardian Print Name: _____

Relation to Child: _____ Date: _____

Please tell us, in full, about any medical/health and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present, and any other pertinent information than might aid in the enhancement of your child’s camp experience. We can strive to care for children with some needs, but we need your information and your full input prior our approval.

Please list all allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit you must supply medication labeled with child’s name and detailed instructions on our Permission to Administer Medication form to the summer camp office prior to your child’s attendance. Kits are returned if unused.

Permission & Liability Waiver:

1. - My child, _____, has permission to fully participate in **Coliseo de las Artes Activities** during Summer Camp 2020.

2. - I understand that participation in **Coliseo de las Artes** activities may have risks and that risks of injury include without limitation, scrapes, bruises, cuts and even more injuries. I fully accept and agree to assume all of these risks and as parent/legal guardian do hereby grant the Coliseo de las Artes staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless Coliseo de las Artes (MAKIWARA INC and GIVE ME 5 ACADEMY INC) its agents from liability resulting from an accident.



I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

- a) In a life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will call para-medics or the child's health care provider.
- b) For non –life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Emergency Information form. If we cannot make an appropriate contact, we will call para-medics or the child's health care provider.

I understand that **COLISEO DE LAS ARTES (MAKIWARA INC/ GIVE ME 5 ACAMEY INC.)** and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/guardian's.

Enrollment for your child in **COLISEO DE LAS ARTES – SUMMER CAMP PROGRAM** constitutes your agreement to this waiver. I understand that all Emergency Information on the Form must be completed before my child may attend our activities. I have read and understand all policy and procedural information, including discipline, health, payment, and cancellation policies.

Publicity Release Form:

I authorize **COLISEO DE LAS ARTES (MAKIWARA INC / GIVE ME 5 ACADEMY INC)** to use a photograph or other image of my child for public relations purposes connected to programs associated with **COLISEO DE LAS ARTES**. I understand that my child's name will not be published with image.

Acceptance:

I expressly acknowledge and agree to terms and conditions set forth on this Participant Waiver Form

Signature Parent/Guardian

Date