

**Waiver and Release of Liability Form**

I, the undersigned parent or guardian of \_\_\_\_\_, hereby give my permission for my child(ren) to participate in the Professional Women in Building of the Home Builders Association Greater Charlotte (“PWB”) Summer Camp Program (“Summer Camp”).

I acknowledge that as part of the Summer Camp, my child(ren) will be engaging in activities related to construction, including the use of tools such as hammers, nails, saws, or other building supplies as necessary. The use of these tool expose campers to certain risks and dangers, including accidents or injuries which may be impossible to foresee or protect the camper from all conceivable dangers. I further affirm that my child(ren) does not have any known medical conditions that would make it unsafe for him/her to participate in the Summer Camp.

I understand that we are in the midst of a global pandemic and that the highly contagious nature of COVID-19, and the fact that individuals with COVID-19 may be asymptomatic, creates a risk of infection from any activity involving contact with others. I understand and acknowledge that I am responsible for notifying the PWB if my child(ren) or any member of my household is feeling unwell or has been confirmed positive for COVID-19. I further voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 while attending Summer Camp.

I understand that the PWB may exclude my child(ren) from Summer Camp in the event that I or my child(ren) fail to abide by the PWB’s health and safety protocols, disrupt, impede or interfere with the operations of the Summer Camp, or threaten the health, safety or welfare of other participants or Summer Camp staff.

**Medical Care and Consent**

I understand that the PWB will make every effort to contact me in the case of an emergency. I give my permission for the PWB to administer any medications needed to provide, arrange for and consent to any necessary medical treatment for my child(ren) while at Summer Camp, including onsite and offsite emergency care. I accept responsibility for all costs of such medical treatment.

In the event of an emergency the PWB shall contact the following:

Name	Phone Number	Relationship to Child

**Photography Release**

In consideration of child(ren)’s participation at the Summer Camp, and without any further consideration from the PWB, I hereby grant permission to the PWB, staff, and affiliates to utilize my child(ren)’s appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The PWB may use my child(ren)’s likeness, voice, biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of photography.

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child(ren), I hereby voluntarily release and forever discharge the PWB, its officers, affiliates, employees, agents, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)'s participation in Summer Camp. I agree, for myself and my child(ren), not to make any type of legal or equitable claim on the PWB, its officers, employees, or affiliates with respect to any injury I or my child(ren) may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the PWB, including other campers. I further agree that if any such claim is made, I will indemnify and defend the PWB with respect to any such claim, injury or damage.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Full Name: \_\_\_\_\_