

PWB Construction Camp 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 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 tools 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 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

PWB understands that the health and wellbeing of our campers is of the utmost importance and will take reasonable measures to ensure your child(ren)’s health and well-being. I understand and acknowledge that I am responsible for notifying the PWB of any health risks, injuries, allergies or other medical conditions that may affect my child(ren) and their ability to participate in camp activities. If my child(ren) or any member of my household is feeling unwell or may not be able to participate in camp activities without imposing a risk to others I will promptly notify the PWB and make arrangements to pick up my child(ren) from Summer Camp. I further voluntarily assume the risk that my child(ren) may be exposed to or infected by other campers who may not be feeling well.

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.

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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: _____