**MOULTRIE COMMUNITY CAMP RELEASE/WAIVER**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned parent/guardianship of the above said minor, give permission for the minor to participate in the Moultrie Community Camp. The minor is physically able to participate in all Summer Day Camp activities.

In consideration of said minor being permitted to enter the Moultrie Community Camp facility and participate in all activities I, as parent/guardian, hereby:

1. Release the *City of Moultrie, Moultrie Police Department, Moultrie Fire Department, YMCA, Boys & Girls Club, & Moultrie-Colquitt County Parks & Recreation Authority, Packer Football Players & Coaches* its directors, officers, employees agent and volunteers (collectively “Releasees”:) from all liability to me or to my minor child or ward named above for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near the *City of Moultrie, Moultrie Police Department, Moultrie Fire Department, YMCA, Boys & Girls Club, & Moultrie-Colquitt County Parks & Recreation Authority, Packer Football Players & Coaches* facilities or participating in the Moultrie Community Camp activities at other locations.
2. I covenant not to sue Releasees for any loss, damage, injury, or death suffered by the above named minor, and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage, or cost they may incur due to said minor’s presence in, upon or near the *City of Moultrie, Moultrie Police Department, Moultrie Fire Department, YMCA, Boys & Girls Club, & Moultrie-Colquitt County Parks & Recreation Authority, Packer Football Players & Coaches* facilities, whether caused by the negligence of Releasees or otherwise.
3. I assume all responsibility for, and risk of, bodily injury, death, or property damage due to the negligence of Releasees.
4. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.
5. I do hereby authorize the Moultrie Community Camp as agent for the undersigned, to consent with respect to said minor, to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to rendered under general or special supervision of, any physician and surgeon licensed in the State of Georgia and any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the Moultrie Community Camp is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the law of the State of Georgia: If any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

**\*\* I give the Moultrie Community Camp the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings involving my child for use in materials they may create and distribute, such as but not limited to: The Moultrie Observer, Social Media Platforms, Newsletters, and Flyers.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: Date: