



PLEASE PRINT ALL INFORMATION:

Name of Attendant: _____

Activity/ Event Location: Summer Camps 2020

I agree to cooperate and conform with the directions and instructions of the personnel responsible for the event. **I also authorize Emerging STARS to use photographs for educational or promotional purposes in any type of media, including its website.** I agree that in the event that I am injured as a result of my participation in the camp, or activities whether or not caused by the negligence (active or passive) of Emerging STARS, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident hospital or medical insurance, or any available benefit plan of mine or of my spouse. I am not aware of any medical condition which would render the event(s) inappropriate for me to participate in. I hereby give permission to the physician selected by the Emerging STARS supervisory personnel then present, to render medical treatment deemed necessary and appropriate by the physician.

Attendant Signature

Date