



**General Information & Releases:**

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent/Guardian Initials \_\_\_\_\_

I understand that the Avon Community School Corporation (ACSC), or any camp partners, will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I also understand this event is voluntary and by that agree to hold ACSC harmless for things outside ACSC control.

Parent/Guardian Initials \_\_\_\_\_

Avon Community School Corporation and any camp partners are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Initials \_\_\_\_\_