Winning Warriors Liability and Medical Release

PARTICIPATION CONSENT: I understand and certify that my/my child's participation in Winning Warriors Day Camp (hereinafter WW) and its activities at the Jackson County Agricultural Facility and other included locations (hereinafter the JCAF) is completely voluntary. I have familiarized myself with WW programs and activities in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, climbing wall, swimming, archery, biking, sports, fire building, horseback riding, and boating. I acknowledge that although WW and the JCAF have taken safety measures to minimize the risk of injury to camp participants, WW and the JCAF cannot insure or guarantee that the participants, equipment, premises, or activities will be free of hazards, accidents, or injuries. I recognize and/or have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for WW. I attest that my health insurance will cover any medical and hospital expenses that I/my child incur, and I have received any necessary approval from a doctor authorizing me/my child to participate in the WW activities. I also agree to inform WW of any activities in which I/my child may not participate. I understand and agree that I/my child will be in an environment that involves nature, camping, or community living, such as insects, sun exposure, or communicable illnesses.
LIABILITY RELEASE: I, the undersigned, understand that accidents may occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing these risks, I agree to assume those risks and by signing this liability release, I agree to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Winning Warriors Foundation Limited, WW and the JCAF, and any of their partners, servants, and volunteers from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at WW and the JCAF. *Under Georgia law, there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19. You are assuming this risk by entering these premises. (Premises include any indoor, outdoor, vehicle, building or any other area or space while attending WW Day Camp).

TREATMENT AUTHORIZATION: I hereby testify that the health history provided on the volunteer/camper application is correct to the best of my knowledge and that the person described below has permission to engage in all prescribed camp activities except as noted. I agree that the WW camp program medical staff and/or their authorized agents may administer over-the-counter and/or prescription medications (as advised by a physician) if deemed medically necessary. This includes, but is not limited to: aspirin, acetaminophen, ibuprofen, Neosporin, sun block, sting ointment, insect repellant, lip balm, and eyedrops. I understand that I will be notified as soon as possible in case of any emergency affecting my child. In the event of a medical or surgical emergency I give permission for the WW camp program medical staff or their authorized agents to obtain emergency medical or surgical treatment for my child (this may include, but may not be limited to transportation, x-rays, routine tests and other necessary treatments) and I hereby release the WW camp program medical staff and their authorized agents from any liability for doing so or failing to do so.
AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION: At times it may become necessary for camp staff to acquire further medical history or consultation from a volunteer/camper's health care provider. I hereby authorize the release of any necessary patient personal and/or medical information to aide in the treatment of me/my child.

Camper Names (print)

Parent/Guardian (or volunteer) Name (print)

Parent/Guardian (or Volunteer) Signature

Date

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