



**MEDICAL NEEDS/ALLERGIES:** Glazed and Confused 3WW are not permitted to administer medication to program participants. 3WW dba Glazed and Confused is not permitted to administer medication to program participants without written direction from the parent/guardian. Glazed and Confused is equipped to handle basic first aid if needed. In the event of a medical emergency, a Glazed and Confused, BLS certified staff member will administer CPR to the child if needed. 911 will be immediately called and parents will be notified in the event of a medical emergency.

**WAIVERS AND INFORMED CONSENT:** By signing this form, I as parent/guardian, permit Glazed and Confused 3WW to use photograph of my child(ern) as a program participant in promotional literature, videos, and the Glazed and Confused 3WW by initialing here: \_\_\_\_\_. I understand my child(ren)'s name(s) will not be published.

I, as parent/guardian of \_\_\_\_\_ ("Child") hereby assume all risks and hazards incidental; to the conduct of the activities at Glazed and Confused 3WW. My child is fit for the program(s) which I have enrolled him/her. I HERELY RELEASE AND SHALL DEFEND, INDEMINIFY AND HOLD HARMLESS RELEASES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLE AGAINST RELEASES (including reasonable legal fess and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN ANY GLAZED AND CONFUSED 3WW, WHETERH CAUSED BY THE NEGLIGENCE OF REALEASES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY GLAZED AND CONFUSED 3WW PTORGAM(S). I ACKKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING GLAZED AND CONFUSED 3WW, AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN CHILD MY CHILD ENGAGES DURING SPRING BREAK CAMP AT GLAZED AND CONFUSED 3WW, REGARDLESS OF WHETHER SUCH ACTIVITYIS PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS TO AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants is provided by Glazed and Confused 3WW. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of the Glazed and Confused 3WW, I will receive a prorated credit on my account for the uncompleted portion of the program. I also understand that no refunds or proration will be given for any other reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent \_\_\_\_\_ Guardian \_\_\_\_\_

Name and age of participants (please print):

\_\_\_\_\_

Parent/Guardian Phone and Email:

\_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Food Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list allergies:

\_\_\_\_\_

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