



PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Liability, Release & Acknowledgement, I _____, parent/guardian of _____ (camper), give consent for my child to attend The NRCA Fun in the Son Summer Camp at NRCA from June 9-13, 2014. Participation in The NRCA Fun in the Son Summer Camp at NRCA involves the risk of injury including, but are not limited to, collision with other participants, falling, scratches, bruises, etc. By signing this form and in return for the opportunity to participate in The NRCA Fun in the Son Summer Camp at NRCA, I, on behalf of myself, my children, my heirs, assigns, executors and administrators, (a) acknowledge all risks of injury and death associated with participation in The NRCA Fun in the Son Summer Camp, (b) assume responsibility should injury or death, result from these risks, (c) waive any legal rights we may have to seek payment of any kind from Dr. S. L. Sherrill, The NRCA Fun in the Son Summer Camp, NRCA and their employees, and agents (hereinafter "Released Parties") for bodily injury or death resulting from participation in The NRCA Fun in the Son Summer Camp and absolve Released Parties from any liability for damages resulting from injuries or death (d) acknowledge that no additional insurance coverage is provided by Release Parties, (e) agree to follow all rules and procedures of the program and reasonable instructions of the coaches. I authorize Dr. S. L. Sherrill, Camp Director, Emily Arbelaez and The NRCA Fun in the Son Summer Camp staff and volunteers to act to the best of their judgment in any emergency situation requiring medical attention. I give permission for a physician or hospital emergency room to administer necessary care.

Parent Signature

Date