

**GRRLLL POWER EMERGENCY CONTACT/ RELEASE OF LIABILITY &
MEDIA USE PERMISSION**

Emergency Contact #1 _____

Phone # _____ Relationship: _____

Emergency Contact #2 _____

Phone # _____ Relationship: _____

Medical Information: Please list known medical conditions, allergies, or dietary restrictions your camp attendee has. Please include any medications attendee is taking.

Please list Health Insurance and Policy #:

Release of Liability:

I as parent and/or legal guardian, give permission for the above listed minor to attend Grrlll Power Camp for the said camp dates in June & July of 2015. I do not hold Freedom House liable for any injuries, accidents, or illnesses incurred during participation in this camp. I understand that I am responsible for the expenses of my child's medical care and that my family insurance is primary. In the event of an emergency at a time when I cannot be reached, I authorize Freedom House to reach the persons whose names have been listed on my child's registration sheet.

I also understand that various media such as photography or taping may be used periodically during camp dates, for the purpose of future promotion. I therefore give permission for my child to be involved in these media sources for that sole purpose.

I, as parent/guardian, believe my child can enter into activities of this group and I delegate all responsibility for his/her care and control to the authorized staff of Freedom House during the duration of this event. However, if a problem exists which cannot be resolved, I understand that Freedom House has the right to dismiss my child and contact me to pick them up from the event.

Parent/Guardian Signature

Date