

SAINT MARY'S COLLEGE SUMMER PROGRAM 2015 CONSENT FORM

Camper/Student's name _____

Camp: _____ Fine Arts _____ Athletics _____ Summer Academy _____

CONSENT FOR TREATMENT

I/We hereby grant permission to the staff of the SAINT MARY'S COLLEGE SUMMER PROGRAM, to seek any medical or surgical consultant deemed necessary, and any hospital to render emergency medical and surgical treatment as needed to the above-named camper/student.

In a life and death situation, we will act immediately to protect the student and contact you as soon as possible. In a serious but non-life threatening situation that is beyond the scope of the nurse's abilities, we will attempt to contact you before we proceed with hospital, outpatient medical treatment. If we are unable to contact you, we will act in the best interest of the camper/student. Further, parents/guardians hereby acknowledge and accept financial responsibility for any medical treatment that may be provided.

Mother's (Guardian's) signature Date Father's (Guardian's) signature Date

LIMITATION & WAIVER OF LIABILITY:

I/We as parent(s) and legal guardian(s) of the above camper/student do hereby agree to limit the liability of SAINT MARY'S COLLEGE SUMMER CAMP PROGRAM, Saint Mary's College and its staff, to the coverage of the medical insurance policy covering participants in the SUMMER PROGRAM as explained hereafter: Saint Mary's College assumes no responsibility for accidents or illnesses. Program tuition includes a maximum coverage of \$5,000 for medical expenses and a maximum coverage of \$5,000 accidental death and dismemberment coverage. Only those medical expenses incurred due to an injury sustained during scheduled and supervised activities are covered. The contracting of a disease is not considered an injury and is not covered. All claims for insurance must be made in writing by parent/guardian of a camper within 10 days after camper leaves campus. Claims after this time period will be automatically rejected. Students must have all parental consent forms on file with our office before they will be allowed to attend the program. We further agree to waive all liability of the SUMMER PROGRAM, Saint Mary's College and its staff for any accident, injury or other mishap which might befall the above-named student while traveling to or from or during her attendance at the SUMMER PROGRAM which is not covered by said medical insurance policy. I/We grant permission for the above-named student to be transported to all camp field trips in approved college vehicles driven by college authorized personnel. I/We grant this limitation and waiver of liability in partial consideration for our above-named student's acceptance into the program. I/We have read and understand the above-mentioned medical insurance policy and understand that a copy of the said policy will be furnished to us upon request.

Mother's (Guardian's) signature Date Father's (Guardian's) signature Date

PHOTO PERMISSION:

I/We as parent(s) or legal guardian(s) of the student named above consent to the use of any professional photographs taken of my/our child and the use of any classroom work created (i.e., art work, stories, poems, etc.). Such items will be used only for program publicity and/or promotional purposes. I/We hereby waive all claims for compensation for use.

Mother's (Guardian's) signature Date Father's (Guardian's) signature Date