

## **Medical Release**

Signature of parent or guardian

| Medical Release<br>Child's<br>name:   | Information:  |
|---|---|
| Primary emergency contact n   | name:Relationship:  |
| Daytime phone number:   | Relationship:   |
|   | t number:   |
| Daytime phone number:   | Relationship:   |
| Doctor's name:  | Doctor's phone number   |
| specify what the child is aller   | rgies or medical conditions we should know about? Please gic to and what reaction is typical. It is especially important to bee stings, grasses, animals, and food.   |
|   |   |
| Will your child be taking any detail  | medications while at Turner Farm Day Camp? If so, please  |
| In the event of an emergency authorize emergency care by  | , if we cannot reach you, please indicate your permission to signing below.   |
| Signature of parent or guardi   | an Date   |
| in a Turner Farm program, ar Farm Inc., its employees, its bassociated therein from each  | lease: In consideration of instruction and recreation to be the parent/legal guardian of assume all risks associated with my child's participation and I release, indemnify and agree to hold harmless Turner board, agents volunteers, other permittees, and all persons and every present and future claim, demand, threat of action, of whatever nature, arising out of or in any way relating such program. |
| Signature of parent or guardi   |   |
|   | un Datt   |
| during his/her participation is<br>purpose of promotion in perp<br>Turner Farm Inc. and I shall r<br>for their use for any reason w | motion pictures and/or video recordings taken of my child in a Turner Farm program may be used by Turner Farm for the petuity. I understand that these images shall be fully owned by make no claim against Turner Farm Inc. or the photographer whatsoever. I understand that the scope of the Consent is as ere will be no consideration, monetary or otherwise, required hange for such content.             |

Date