

PARTICIPANT NAME: _____

Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment ("Waiver")

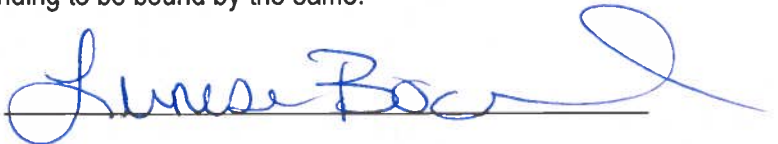
In consideration of being allowed to participate in this camp I hereby Release, Waive, Discharge and Covenant not to sue, and hold Alex Goleish Camps, LLC, d/b/a Come To The Bay Camps, its employees, agents, members, officers, coaches, successors and assigns (herein after referred to as Releasees) harmless from any and all liability, claims, demands, or course of action whatsoever arising out of/or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or any property belonging to me/my child, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in this camp, or while in, on, or upon the premises where the camp is conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity that would place me/my child at risk in the participation in any way with the camp's activities. I am fully aware of the risks and hazards connected with this camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/my child as a result of being engaged in camp activities, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damage, or cost that may accrue related to me/my child's participation in the camp, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES, or otherwise.

During the period of the camp, I hereby give my permission for the staff of this camp to administer appropriate medical attention to me/my child in the event of any accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns a personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named Releasees. I hereby further agree this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Florida. In signing this Waiver, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least (18) years of age and fully competent; and I execute this Waiver for full adequate and complete consideration fully intending to be bound by the same.

Signature (Parent/ Guardian if under 18 years of age):

A handwritten signature in blue ink, appearing to read "Lynese B...", is written over a horizontal line.

WE MUST HAVE PROOF OF INSURANCE ON FILE:

My insurance company is: Blue Cross/Blue Shield
Policy #: ^{UFS} H59382587 Allergies: NA
Previous Injuries: NA Current Medications: NA
Signature: Lunese Boco

CONSENT FOR TREATMENT OF A MINOR

(Please Print)

Name of Camper: Caleb Young Jr. Date of Birth: 09-11-2007
Address: 3551 NW 35th pl, Gainesville, FL 32605
Parent/Guardian: Lunese Boco Home Phone: 954-338-8778
Work Phone: 352-265-6893 Cell Phone: 954-338-8778

The undersigned, as the parent and legal guardian of Caleb Young Jr. (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and Alex Goleish Camps, LLC, d/b/a Come To The Bay Camps, and its officers, regents and employees shall not be responsible in any way for the consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to the diagnosis, treatment, or surgery insofar as the law allows, and provided that these services are performed with ordinary care to the best of their ability.

Lunese Boco 6/7/23 lunese@yahoo.com
Signature of Parent/Guardian Date Parent/Guardian E-Mail

Pertinent Medical / Insurance Information (to be completed by Parent/Guardian if under 18 years of age)