MOUNTAIN VIEW
COMMUNITY CENTER

Summer Camp Participation Waivers

Campers will not be able to participate unless waivers are authorized on the registration form by a parent/guardian. See below to preview these waivers. A signature will be required at drop off acknowledging that waivers have been read.

If you have any questions or concerns, please contact Youth Programs Coordinator, Amanda Goetz **PRIOR** to the start of camp at **amandag@mtviewcc.org or 253-826-4329.**

Photo Release:
I, as parent/guardian of registered youth, grant full permission to Mountain View Community Center to use photographs and video recordings of youth for promotion of this or any other MVCC event.

○ Yes ○ No

General Liability Release (**Mandatory**):
I, as parent/guardian of registered youth, hereby assume all risks and hazards incidental to the conduct of the activities at Mountain View Community Center. My child/children are a good fit for the program(s) in which I have enrolled him/her/them. In the event of accident or illness, I understand that every reasonable effort will be made to contact me immediately. However, if I am not available, I authorize MVCC volunteers or employees to secure medical care as needed. In addition, I accept full responsibility for the cost of treatment and I release and discharge volunteers and employees of MVCC and any sponsoring organizations from all and any claims for personal injuries. I understand that Mountain View Community Center does not retain medical personnel. I understand that medical equipment and personnel may not be on site. I further recognize that any assistance rendered is provided by volunteers and release such volunteers from any liability for care provided by them acting in good faith as Samaritans without expectation of compensation, within the limits of their training.

○ Yes ○ No

Printed Name: _____

Signature: _____ Date: _____

Initials: _____ Parent _____ Guardian

Name and age of Participant (PRINT):

Printed Name: _____ Age: _____

Parent/Guardian Email: _____

_____

Phone Number(s): _____

_____