CAMP JOINT ADVENTURES

PARTICIPATION WAIVER

I, the undersigned, hereby attest that I am the legal guardian of

_____

Camper's Name

And I acknowledge that I have chosen for him/her to participate in the Arthritis Foundation, Camp Joint Adventures 2015 program at Rotary Club Youth Camp in Lee's Summit, MO.

I hereby waive any and all rights and claims for damages and any or all injuries suffered in connection with said event I or my child may have against the Arthritis Foundation, Heartland Region, Rotary Club Youth Camp, the camp staff or any other individuals associated with the said event and their representatives or successors. I understand that none of the above are responsible for the loss or damage of personal items in connection with the said event.

I will allow his/her address to be added to the Camp Joint Adventures address book to be distributed to all campers at the end of Camp Joint Adventures 2015 as well as grant to the Arthritis Foundation, the right to use, reproduce, edit, exhibit, distribute, publish, display or transmit any photograph or video of my child without limitation restriction, review, approval, consideration or compensation, except where and to the extent prohibited by law.

I hereby waive any and all rights and claims on any photos of my child taken by the Arthritis Foundation, its employees or individuals associated with the Arthritis Foundation, Rotary Club Youth Camp, the camp staff or any other individuals associated with the said event and their representatives or successors.

_____

Parent/Legal Guardian's Signature

_____/_____/_____

Date