

WAIVER AND ASSUMPTION OF RISK

PRINT, COMPLETE AND SIGN

I, the under signed parent/guardian of (child's name) _____ do hereby consent to their participation in Blue Skies Kids' Arts Camp. I agree that they may take part in all activities sponsored by or organized by or through Blue Skies Kids' Arts Camp, including but not limited to all workshops with a high-risk physical component. I understand that in order for Blue Skies Kids' Arts Camp/Blue Skies in the Community to accept my application to participate in the above activities, I must agree to be bound by this Waiver.

ELEMENTS OF RISK:

Attendance at the Blue Skies Kids' Arts Camp involves certain elements of risk. Without limiting the generality of the foregoing, some **examples** of the types of accidents and illnesses that can occur at the Blue Skies Arts Camp are:

(I) FALLS

(II) SLIPS

(III) EXPOSURE TO NOXIOUS WEEDS (FOR EXAMPLE, POISON IVY)

(IV) EXPOSURE TO WILDLIFE

(V) VARIOUS TYPES OF INJURIES RELATED TO OUTDOOR ACTIVITIES

(VI) VARIOUS TYPES OF INJURIES RELATED TO SPORTING EVENTS SUCH A STRAINS, SPRAINS, OR BROKEN BONES

(VII) EXPOSURE TO NATURALLY OCCURING ALLERGENS

(VIII) EXPOSURE TO ILLNESSES SUCH AS COLDS, FLUS AND COVID-19

The Blue Skies Kids' Arts Camp takes place on a rugged, wilderness site that is not professionally maintained. The site is typically mowed only a few times per year. The terrain is extremely uneven and is surrounded by natural forest. There are many rocks and outcroppings that may cause falls, trips, or slips. Moreover, the children attending the Blue Skies Kids' Arts Camp will be given the opportunity to participate in outdoor/sporting activities that could result in injuries.

The chances of an accident occurring can be reduced by carefully following instructions at all times while engaging in activities at the Blue Skies Arts Camp. However, sometimes accidents do occur.

ASSUMPTION OF RISK:

If you choose to permit your child to attend the Blue Skies Kids' Arts Camp, you **must understand that you are assuming all responsibility for any accident and/or illness that may occur on the site.**

INSURANCE:

Furthermore, **the Blue Skies Cultural Center does NOT provide accidental death, disability, dismemberment or medical insurance on behalf of children who participate in the Blue Skies Kids' Arts Camp.**

WAIVER:

I waive any and all claims that may arise from my child's (referred to above) participation and attendance at the Blue Skies Kids' Arts Camp. For greater certainty, I hereby release from all liability and agree not to sue Blue Skies Cultural Center, Blue Skies Kids' Arts Camp, Blue Skies in the Community, or their directors, instructors, leaders (volunteer or other), agents or representatives for any personal injury, illness, death, property damages, expenses or loss sustained by me or my child as a result of my child's participation in the above activities (and activities noted in workshop descriptions), due to any cause whatsoever, including, without limitation, negligence or breach of statutory duty.

I acknowledge that this document may prevent me from recovering any damages for losses incurred by me or my child at the Blue Skies Kids' Arts Camp. I have considered this possibility and agree to accept full responsibility for any such losses.

MEDICAL TREATMENT:

I further grant Blue Skies Kids' Arts Camp staff the authority to obtain emergency medical treatment for my child as necessary.

ACKNOWLEDGEMENTS:

I acknowledge and confirm that I have read this entire document prior to signing below.

I acknowledge that each provision has been explained to me and that I have been given the opportunity to ask questions.

I have read the Blue Skies Kids’ Arts Camp Covid-Care Handbook and acknowledge the risks that my child(ren) have to Covid while attending this camp. Read the handbook here: <https://bit.ly/384KCj7>

I understand the nature of this document and its potential consequences to me and my child.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____
(please print)

Date: _____

Signature of Witness: _____

Name of Witness: _____
(please print)

Date: _____

PLEASE ENSURE THIS DOCUMENT HAS TWO SIGNATURES