



Waiver of Liability

I, _____, permit my child to attend the Kingston STEAMworks Summer Camp. I, the undersigned, provide permission for my child to participate in the full range of program/camp activities, unless I notify you otherwise in writing. I authorize the Camp Director, or their designates, in the event of accident or illness affecting my child, to approve all procedures and related expenses, including admission to hospital, surgery, anesthesia, injections, or any other necessary treatment therein, as deemed essential for the care and well-being of my child. Such action is to be taken only when immediate contact with the undersigned, or the emergency contact person, cannot be made. I agree that, having taken such precautions as in your discretion are deemed advisable, Kingston STEAMworks Summer Camp shall not be held responsible for any accident or sickness affecting my child, or for any loss or damage to his/her personal property. I understand that, should my child, in the judgment of the Camp Director, become a hazard to him/herself or to others at the camp, he or she may be sent home from the camp without refund. To the best of my knowledge, my child is in good health. I agree to inform Kingston STEAMworks Summer Camp of any infectious diseases, which my child may have been exposed to during the three weeks prior to arriving at the program/camp.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Photo and Video Consent, Assignment and Release Form

By signing this Form, you are consenting to the taking of photographs and/or video recordings of your child by Kingston STEAMworks Summer Camp for marketing, advertising, promotional, publicity and/or communication purposes. The photographs and/or videos might also be used by news media in promoting Kingston STEAMworks Summer Camp's programs & services.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____