

Agecroft Hall's "Adventures at Agecroft" Summer Camp

July 15th through July 19th, 2024

**RELEASE OF LIABILITY**

The undersigned parent/legal guardian of \_\_\_\_\_, a child under the age of 18 years, hereby affirms that it is my intention that my child/ward participate in Agecroft Hall's "Adventures at Agecroft" Summer Camp from July 15th through July 19th, 2024.

I acknowledge that Agecroft Association is a not-for-profit, charitable organization and that I understand the nature and activities of the Program. In consideration of the foregoing and of my child/ward being permitted to take part in the Program, and to induce Agecroft Association to permit my child/ward to take part in the Program, on behalf of myself and my child/ward,

I HEREBY RELEASE AGECROFT ASSOCIATION AND ITS AGENTS AND EMPLOYEES

FROM ALL CLAIMS AND CAUSES ASSOCIATED IN ANY WAY WITH THE PROGRAM

INCLUDING WITHOUT LIMITATION ANY CLAIM FOR DAMAGES RESULTING FROM

INJURY OR DEATH, UNLESS SUCH CLAIMS OR CAUSES OF ACTION WERE CAUSED BY THE NEGLIGENCE OF AGENTS OR EMPLOYEES OF AGECROFT ASSOCIATION.

In addition, I hereby authorize and consent to ratify the taking of interviews, photographs or motion pictures of my child/ward for the following purpose(s):

1. Publication in news media, including newspapers, magazines, newsreels, radio or television.
2. Inclusion or other use in mailings, posters, pamphlets, brochures, newsletters and other publications for informational, educational and promotional purposes in connection with Agecroft Association.

This consent is intended to release from liability all personnel from Agecroft Association, permitting the taking, use, publication or dissemination of such interviews, photographs or motion pictures.

I, the undersigned, agree to the above mentioned and sign to that effect.

\_\_\_\_\_

Signature (of legal guardian) Date

\_\_\_\_\_

Printed Name

This completed form is REQUIRED in order for your child/ward to participate in this program.