



COUNCIL OF ALBUQUERQUE GARDEN CLUBS, INC.

10120 Lomas Blvd. N. E. Albuquerque, N M 87112 (505) 296-6020

**Waiver and Release Form for
The Council of Albuquerque Garden Clubs, Inc.
Guardians of the Garden Summer Camp**

Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of participation in said event. This release is intended to discharge in advance, The Council of Albuquerque Garden Clubs, Inc., its officials, officers, volunteers, employees and agents from liability that may arise during the Guardians of the Garden Summer Camp. While every precaution will be taken throughout the week, in order to maintain the highest level of safety for your child, it is understood that some outdoor activities could result in an accident. I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental/Legal Custodial Consent (Complete one form for each camp applicant)

I, _____, give consent for my child, _____, to participate in any and all activities of The Council of Albuquerque Garden Clubs, Inc. Guardians of the Garden Summer Camp. I execute this liability release on their behalf as either their **Parent** ____ or **Court Appointed Legal Guardian** ____.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness, or injury, while participating in The Council of Albuquerque Garden Clubs, Inc. Guardians of the Garden Summer Camp. It is understood that none of the aforementioned will provide medical insurance for such treatment, and that the cost will be at my expense. I have read and understand the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name

Date

continued on the back side...

Emergency Contact Information

Emergency Contact # 1:

Name: _____

Relationship to child: _____

Cell Phone Number: _____

Alternate Phone Number: _____

Preferred Emergency Facility: _____

Child's Doctor's Name/s: _____

Known Food Allergies:

Known Medicine Allergies:

Emergency Contact # 2:

Name: _____

Relationship to child: _____

Cell Phone Number: _____

Alternate Phone Number: _____



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**Waiver and Release Form for
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Guardians of the Garden Summer Camp**

Photo Release Form for Minor Children

I, _____, hereby authorize The Council of Albuquerque Garden Clubs, Inc. to publish photographs taken of me and/or the undersigned minor children, and our names, for use in the Albuquerque Garden Center website or for display in their facility. I release The Council of Albuquerque Garden Clubs, Inc. from any expectation of confidentiality for the undersigned minor children and myself, and attest that I am the parent or legal guardian of the children listed below, thereby having the authority to authorize The Council of Albuquerque Garden Clubs, Inc. to use their photographs and our names. I acknowledge that since participation in publications and websites produced by The Council of Albuquerque Garden Clubs, Inc. is voluntary, neither the minor children, nor I, will receive financial compensation. I further agree that participation in any publication and website produced by The Council of Albuquerque Garden Clubs, Inc. confers no rights of ownership whatsoever. I release The Council of Albuquerque Garden Clubs, Inc., its volunteers and its employees from liability for any claims by me, or any third party, in connection with my participation or the participation of the undersigned minor children.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

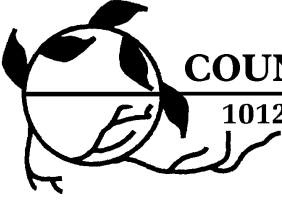
Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

If you do not wish to sign this form, your child's/children's photos will not be publicly displayed.



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**Registration Form for
The Council of Albuquerque Garden Clubs, Inc.
Guardians of the Garden Summer Camp**

I wish to enroll the following child/children in the Guardians of the Garden Summer Camp. I hereby attest that I am their **Parent** ____ or **Court Appointed Legal Guardian** ____.

Names and Ages of Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

For Office Use Only

Registration Fees Paid: 10% discount for Council member's families (must be verified)

\$125.00 for the First Child _____

\$100.00 for siblings (# ____) x _____

Liability Release Forms completed for each Child _____

Photo Release Forms completed for each Child _____

Paid by: Credit Card _____

Check _____ (please make to CAGC, Inc)

Cash _____

Date Paid: _____

Received by: _____