

WAIVER, RELEASE AND CONSENT FORM
Garden Guardians Summer Day Camp
(Completed, signed forms are required for each camper.)

Liability Release and Parental/Guardian Consent

In consideration of the acceptance of my application for the above named program, I hereby waive, release and discharge any and all claims for damages for personal injury, property damages which may occur to my child or his/her property as a result of their participation in the program. This waiver and 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 Garden Guardians Summer Day Camp. While every precaution will be taken throughout the program, in order to maintain the highest level of safety for your child, I understand that some activities can 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.

I, _____, the parent/guardian of _____, give consent for my child to participate in any and all activities of The Council of Albuquerque Garden Clubs, Inc.'s Garden Guardians Summer Day Camp.

I hereby give my consent to have my child treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in The Council of Albuquerque Garden Club, Inc.'s Garden Guardians Summer Day Camp. I understand that none of the aforementioned will provide medical insurance coverage for treatment, and that the cost will be at my own expense.

I have read and understand thoroughly this Waiver, Release and Consent Form, and agree to all of its terms and conditions.

(Parent/Guardian Signature) (Printed Parent/Guardian Name) (Date)

Please Provide Two (2) Emergency Contacts:

1) Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

2) Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Child's Physician:

Name: _____ Phone: _____

Preferred Emergency Facility: _____

Tell Us About Your Child:

Known allergies (please list): _____

Allergies to any medication (please list): _____

Is there anything else we should know about your child?

The following person is authorized to pick up my child:

Name: _____ relationship: _____

Phone: _____ My child's T-shirt size: _____ (Youth S, M, L; Adult S, M)

PHOTO RELEASE FORM
Garden Guardians Summer Day Camp

I, _____, parent/guardian of _____ (child's name), hereby authorize The Council of Albuquerque Garden Clubs, Inc. to publish photographs of me and/or my child with our names strictly for use on The Albuquerque Garden Center website and social media, display at the Garden Center, or for use in future promotion of the Garden Guardians Summer Day Camp and no other use.

I recognize that publication or use of these photographs is voluntary, neither my child nor I will receive any financial compensation. In addition, I further agree that use of said images by The Council of Albuquerque Garden Clubs, Inc. confers no rights of ownership of those images by myself, my heirs or designees.

I attest that I am the parent/legal guardian of the previously named child and have the authority to authorize this release.

I, hereby, release The Council of Albuquerque Garden Clubs, Inc., its officials, officers, volunteers, employees and agents from liability for any claims by me, or any third party, in connection with use of photographs of me and my child participating in the Garden Guardians Summer Day Camp.

Signature: _____ Date: _____

GARDEN GUARDIANS SUMMER DAY CAMP —REGISTRATION FORM

Complete and mail with payment, to: Summer Day Camp Registration, Albuquerque Garden Center, 10120 Lomas Blvd., Albuquerque, NM 87112. Cost is \$125 per child grades 1st through 6th. Enrolled siblings are \$100. Please complete a registration form for each child. Parent/guardian will be notified via email or phone of enrollment. Albuquerque Garden Club members receive a 10% discount (\$112.50 and \$90 per sibling). Garden Center hours are 9:30 am to 2:00 pm Monday through Friday. Phone (505) 296-6020 with questions.

Camper's Name: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Enclosed is a check, payable to the Albuquerque Garden Center, for: \$_____. Return the completed forms to the Garden Center by **1:00 pm on Wednesday, July 8th.**

Parent/Guardian's Signature: _____ Date: _____

Name of Albuquerque Garden Club member who qualifies child for discount: _____