



COUNCIL OF ALBUQUERQUE GARDEN CLUBS, INC.

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

**Waiver and Release Form (one per child)
The Council of Albuquerque Garden Clubs, Inc.
Garden Guardians Summer Day 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 from personal injury or property damages or which may occur to my child or their property as a result of 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 Camp. While every precaution will be taken throughout the program 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, _____, the parent/guardian of _____, give consent for my child to participate in any and all activities of The Council of Albuquerque Garden Clubs, Inc. Garden Guardians Summer Day 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. Garden Guardians Summer Day Camp. I understand that none of the aforementioned will provide medical insurance for treatment and that the cost will be at my expense. I have read and thoroughly understood this Waiver and Release Form and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name

Date

continued on next page...

Emergency Contact Information

Preferred Emergency Facility:

Child's Physician Contact Information:

Known Food Allergies:

Known Medication Allergies:

Is there anything else we need to know?

Emergency Contact # 1:

Name: _____

Relationship to child: _____

Cell Phone Number: _____

Alternate Phone Number: _____

Emergency Contact # 2:

Name: _____

Relationship to child: _____

Cell Phone Number: _____

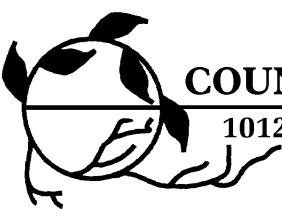
Alternate Phone Number: _____

The following person is authorized to pick up my child/children:

Name: _____ Phone: _____

My child's T-Shirt size (please circle one):

Youth S Youth M Youth L Adult S Adult M



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Photo Release Form (one per child)
The Council of Albuquerque Garden Clubs, Inc.
Garden Guardians Summer Day Camp

I, _____, parent/guardian of _____, hereby authorize The Council of Albuquerque Garden Clubs, Inc. to publish photographs of me and/or my child along with our names, for use on the Albuquerque Garden Center website, social media display in the Garden Center facility or future promotion of the Garden Guardians Summer Day Camp.

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.

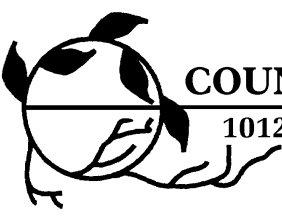
I, hereby, release The Council of Albuquerque Garden Clubs, Inc., its officials, officers, volunteers, employees and agents from liability for any claims by me, or any third party, in connection with use of photographs of me and my child participating in the Garden Guardians Summer Day Camp.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____



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**Registration Form (one per payment)
The Council of Albuquerque Garden Clubs, Inc.
Garden Guardians Summer Day Camp**

Names and Ages of Children:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

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

\$125.00 for the First Child _____

\$100.00 for siblings x (# ____) _____

10% discount (council members) -(_____)

Total Due/Paid _____

Liability Release Forms completed for each Child Y # _____

Photo Release Forms completed for each Child Y # _____

Paid by: Credit Card _____ (in person or call 505-296-6020)

Check _____ # _____ (mail or in person)

Make checks payable to **CAGC** or **Council of Albuquerque Garden Clubs**

Cash _____ (in person only)

For Office Use Only

Date Paid: _____

Received by: _____