

Waiver and Release

I hereby acknowledge that my child's transportation by any volunteer or any other representative of the National Kidney Foundation Serving Ohio. ("NKF Serving Ohio") while attending Kappa Kidney Camp is voluntary and such transportation is at his/her own risk.

I understand and agree that neither NKF Serving Ohio nor any of its volunteers, officers, directors, employees or other agents or representatives may be held liable in any way in connection with my child's transportation which may result in injury, death or other damages of any kind to him/her or our family, estate, heirs or assigns.

I hereby personally assume all risks and liabilities in connection with my child's transportation by a NKF Serving Ohio volunteer or representative during the week of Kappa Kidney Camp. Further, I release NKF Serving Ohio, its volunteers, officers, directors and employees or any other agents or representative from any liability for any injury, death or damage that may result to my child from my child's transportation, whether foreseen or unforeseen; and further to save or hold harmless NKF Serving Ohio, its volunteers, officers, directors, employees or any other agents or representative from any claim of me or my child, family, estate, heirs or assigns arising out of my child's transportation by a NKF Serving Ohio volunteer while attending Kappa Kidney Camp.

initial I hereby give my permission to the National Kidney Foundation Serving Ohio and the YMCA Camp Willson Outdoor Center for photographs or television interviews of my child to be used for publicity purposes while at Camp.

initial I hereby give my permission to the National Kidney Foundation Serving Ohio and the YMCA Camp Willson Outdoor Center for my child to attend a movie theater while at Kidney Camp. I understand the movie may be either G, PG or PG-13, by initialing this paragraph I give specific permission for my child to attend a movie rated PG-13.

initial I hereby give my permission to the National Kidney Foundation Serving Ohio and the YMCA Camp Willson Outdoor Center for a group photograph including my child to be taken while at the YMCA Camp Willson Outdoor Center for Kappa Kidney Camp. I understand this photograph may be used for publicity purposes.

initial I here by give my permission for (my) (my child's) name, address, email address, phone number and date of birth to be included in the Kappa Kidney Camp Roster.

I have completely and carefully read this Waiver and Release prior to freely and voluntarily signing my name below. I fully understand and agree to its contents.

Signature of parent or guardian

Date

Camper's full name

(Specify relationship to camper) _____