

# 2011 Kappa Kidney Camp



## 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 and Kentucky ("NKF Serving Ohio Kentucky") 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 and Kentucky 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 and Kentucky volunteer or representative during the week of Kappa Kidney Camp. Further, I release NKF Serving Ohio and Kentucky, 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 and Kentucky, 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 and Kentucky volunteer while attending Kappa Kidney Camp.

\_\_\_\_\_ I hereby give my permission to the National Kidney Foundation Serving Ohio and Kentucky and Recreation Unlimited

initial for photographs or television interviews of my child to be used for publicity purposes while at Camp.

\_\_\_\_\_ I hereby give my permission to the National Kidney Foundation Serving Ohio and Kentucky and Recreation Unlimited for my

Initial child to watch a movie 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.

\_\_\_\_\_ I hereby give my permission to the National Kidney Foundation Serving Ohio and Kentucky and Recreation Unlimited for a group photograph including my child to be taken while at Recreation Unlimited for Kappa Kidney

initial Camp. I understand this photograph may be used for publicity purposes.

\_\_\_\_\_ I here by give my permission for (my) (my child's) name, address, email address, phone number and

initial 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) \_\_\_\_\_

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