



Vet Camp
Release and Informational Form

CAMPER NAME: _____ Age: _____

Scrubs Size (*please indicate whether child or adult sizing*): XS S M L XL XXL

Contact person (parent/legal guardian): _____

- Address: _____
City: _____ State: _____ ZIP: _____
- Home Phone: (_____) _____
- Work Phone: (_____) _____
- Cell Phone: (_____) _____
- Email address: _____

Emergency contact if parent/legal guardian cannot be reached: _____

- Phone: (_____) _____

GENERAL INFO:

- Is the camper restricted on any activities? If yes, please note: Yes No

- Are there any medical conditions or history that would require special attention? If yes, please note: Yes No

Parent/Legal Guardian Initial:

_____ I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.

_____ Photography Permission: We give permission to use this participant's likeness in either photographic or video-taped promotional materials.

I understand that pending my child's acceptance to Vet camp, the \$100 registration fee must be paid by May 30th for the camper to be involved in the camp. Checks may be made payable to River View Veterinary Service. Prices include shirt, daily snack, activity fees, and program materials.

Signature of parent/legal guardian

Date

RIVER VIEW VETERINARY SERVICE, LLC
LIABILITY WAIVER

The minor, _____ (herein "Participant"), wishes to ride along (herein "Activity") with River View Veterinary Service, LLC (herein "RVVS"). RVVS, Participant, and Participant's parent(s)/legal guardian(s) (herein "Guardian") agree that the Activity poses potential **Risks**. "**Risks**" include, but are not limited to, the following: Encountering or experiencing sickness, illness, disease, accident, injury or damage to Participant's person or personal property, or even death both during Activity and while traveling by car, truck or any other vehicle to and from the Activity location; Other general risks associated with travel; Loss or destruction of Participant's personal property; or Any and all inherent risks associated with participating in Activity.

For and in consideration of RVVS allowing Participant to participate in the Activity and other good and valuable consideration the receipt and sufficiency of which is acknowledged, Participant and Participant's personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasers") release, waive, discharge and covenant not to sue RVVS and its officers, employees, and agents (herein the "Releasees"), from all liability to the Releasers, on account of injury to Participant or death of Participant or injury to the property of Participant, **whether caused by the negligence of Releasees or otherwise**, while Participant is participating in the Activity. Participant and Guardian are fully aware of the **Risks** and other hazards inherent in the Activity and are allowing the Participant to participate in the Activity, and voluntarily assume the **Risks** and all other risks of loss, damage, or injury that may be sustained by the Participant while participating in the Activity.

Participant and Guardian acknowledges that as a part of this Release they shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity.

Guardian and Participant warrant that they have fully read and understand this Liability Release Agreement and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to Guardian or Participant.

CAUTION: READ BEFORE SIGNING

Date: _____

(Signed – Participant)

(Please Print Name)

(Signed- Parent/legal guardian)

(Please Print Name)