

# 2018 CAMP NMA-ZING ORLANDO WAIVER FORM

## Youth Information: FIRST, LAST, MIDDLE INITIAL                      SEX                      AGE                      BIRTH DATE                      T-SHIRT SIZE

1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

NOTE: AVAILABLE T-SHIRT SIZES —YOUTH XS, S, M, L; ADULT S, M, L, XL, XXL, XXXL

## Registered & Fees Paid

My child(ren) is/are registered for Orlando 2018 Camp NMA-Zing. Please indicate the amount paid:

\$795/child                     
  \$895/child                     
  \$950/child

## Parent/Guardian/Sponsor Information (Children listed on this form will be released ONLY to the following adults)

_____	_____	_____	_____
FATHER/GUARDIAN	CELL PHONE	MOTHER/GUARDIAN	CELL PHONE
_____	_____	_____	_____
FATHER EMAIL	MOTHER EMAIL	HOTEL NAME	HOTEL ROOM #
_____	_____	_____	_____
EMERGENCY CONTACT	CELL PHONE	ADDITIONAL AUTHORIZED PICK-UP	CELL PHONE

## Medical Conditions

Our child(ren) has/have the following medical conditions/allergies and/or language and/or special needs: (please attach additional paper if necessary). The organization providing child care will contact you if necessary. Please note that youth who have fever will not be accepted in the program.

Allergies/FoodPreference: \_\_\_\_\_

\_\_\_\_\_

## Waiver & Release

I/We, the undersigned parent(s)/guardian(s), in consideration of the contracted youth program services ("Kamaaina Kids") providing child care for our child(ren)/ ward(s), named above, for the National Medical Association's Convention ("the Association") in Orlando, FL from August 12– August 15, 2018, as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assignees, hereby release and discharge demands, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child(ren)'s participation in the youth program, except for gross negligence or willful misconduct on the part of Kama'aina Kids or the Association's officers, directors, employees or agents. Furthermore, I/we agree to indemnify and to hold Kama'aina Kids & the Association harmless against loss from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, that may hereafter be made or brought by my/our child(ren)/ ward(s) or by anyone on his/her/their behalf and I/we waive any and all rights of exemption under any federal and/or state laws against all such claims. I/We give my child(ren)/ward(s) permission to attend and participate in the activities conducted by Kama'aina Kids during the NMA Convention. These activities may include, but are not limited to aquatics, off-property excursions, van/bus transportation, and enrichment activities. I/We authorize the Association & Kama'aina Kids to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations program. The video/photo may only be used by Kama'aina Kids or Association. No further claims will be made by me/us. Discipline is used to assure the safety and well-being of all program participants. All participants are expected to respect themselves, other people and their property. If a participant is not following the guidelines of the NMA youth program staff consistent with these expectations, the parent(s)/guardian(s) will be notified that the participant may not be included in further programs. I/We hereby authorize the organization providing child care and its employees to exercise these discipline policies in regard to my child. I/We understand that there will be no refunds for the youth program once payment is made.

I/We have read the above and understand this release. Furthermore, in the event of an emergency, the organization providing child care has my/our permission to administer first aid or obtain emergency medical treatment in our child's best interest. I/We agree to pay all expenses incurred due to an emergency involving our child.

Signature of Releasor: \_\_\_\_\_ Date: \_\_\_\_\_

## SUBMITTAL INSTRUCTIONS: Please fill out, sign and date Waiver Form

PLEASE SCAN/EMAIL TO: [kathyhew@kamaainakids.com](mailto:kathyhew@kamaainakids.com) or FAX to: 808-261-0268