

Evergreen Summer Adventures Parent Consent Form

This is the text of the consent statements that are contained in the camp registration form.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Should any injury occur, I grant permission for my child to receive emergency medical treatment from an appropriate health care provider to be selected by the adult supervisor of the activity, when, in such supervisor's opinion, the need for such treatment is immediate, and when efforts to contact me are unsuccessful. I also agree to pay and be responsible for all medical, hospital or other expenses which Evergreen Summer Adventures, ECCS, and/or adult supervisors may incur as a result of securing such treatment. This remains in effect until the child is withdrawn from Evergreen Summer Adventures.

HOLD HARMLESS AGREEMENT

I agree and hereby do release and hold harmless Evergreen Community Charter School, Evergreen Summer Adventures, and/or any all adult supervisors for the activity from and for all liability which may arise from damages, loss or injuries, either to person or property, which my child may sustain while engaged in activities conducted on or off campus including, but not limited to, any damages, loss or injuries that may be sustained through transportation to or from the activity.

FIELD TRIP RELEASE

Evergreen Summer Adventures take field trips both within Buncombe County and outside of Buncombe County. This permission slip is for all field trips with Evergreen Summer Adventures, inside and outside of Buncombe County from June 17, 2019 through August 2, 2019. You will be notified of all field trips. All field trips are planned, organized and supervised with the students' welfare first and foremost. All field trips are supervised by Evergreen Summer Adventures' staff.

I hereby certify my approval for my child (as named above) to attend field trips with Evergreen Summer Adventures from June 17, 2019 through August 2, 2019. I understand that my child will be transported in a school bus, by city bus, and occasionally by a staff member or another parent in a private vehicle. All students will be required to wear seat belts in a private passenger vehicle.

CONFIDENTIALITY STATEMENT

If volunteering at Evergreen Summer Adventures or Evergreen Community Charter School, you will at times be exposed to confidential information regarding students and/or staff. This information can come to you in a variety of forms, such as verbal or written information or an incident that you observe. It is imperative that such information be kept confidential for all parties involved. By signing below, you agree that you will keep confidential any such information you witness while volunteering at Evergreen Summer Adventures or ECCS.

PARENTAL PERMISSION FOR RELEASE OF STUDENT LIKENESS OR WORK PRODUCTS

I hereby authorize and grant staff of Evergreen Summer Adventures the right to use my child's name, image, and/or work to be used in school publications and the school web site and other school-affiliated social networking sites. I also agree to allow my child to be interviewed and/or photographed by representatives of external news media in relation to any coverage of Evergreen Summer Adventures activities. I understand that by signing this I waive all compensation rights to the use of the above stated materials. This release is effective as long as my child is enrolled in Evergreen Summer Adventures.