



HAPPYfeat

## *Consent and Medical Release Form*

Name of Child \_\_\_\_\_ Birth-date \_\_\_\_\_ AGE \_\_\_\_\_

Mother's Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_ (Print Clearly)

Father's Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ (Print Clearly)

Emergency Contact Name (and relationship) \_\_\_\_\_ Cell Phone \_\_\_\_\_ (Print Clearly)

### **ACCIDENT COVERAGE**

Health Insurance Company Name \_\_\_\_\_ Group Name \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_ Additional Health Information / Activities to be Limited \_\_\_\_\_

### **AUTHORIZATION FOR TREATMENT / ACKNOWLEDGEMENT OF INHERENT RISK**

*This information is correct as far as I know, and the person herein described has permission to engage in all related activities except as noted.*

I hereby give permission to the medical personnel selected by **HappyFeat.org of Georgia, LLC, or any HappyFeat Camp Happy leader, or volunteer**, to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures, which may be needed for the person named above. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization, and do not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees, which may be incurred. The completed forms may be photocopied and maintained by authorized personnel. This form, both front and back, and is valid by my permission through July 31, 2018.

**Signature of parent/guardian or Adult Applicant** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE OF LIABILITY:** : I acknowledge and understand that HappyFeat Camp Happy and other activities managed by Happy Feat, LLC are programs designed to encourage social interaction among the participants and will involve hands-on activities and outdoor experiences. Notwithstanding the fact that it is impossible to identify or be aware of every risk or injury that such activities may involve, by signing this form, I expressly warrant that the participant named above is capable of withstanding both the physical and mental demands of any such activities in which he/she engages. I also expressly assume all risks of the participant participating in the activities, whether such risks are known or unknown to me at this time. I further release HappyFeat Camp Happy, HAPPYfeat.org of Georgia, LLC, and all contributing partners, leadership members, directors, independent contractors, volunteers, partner employees and agents from any claim that my participant, my family or I may have against them as a result of injury or illness or any other form of damages or claims we may have related in any way to my participant's participation in such activities. This release of liability shall include, without limitation, any claims of negligence or breach of warranty and is intended to cover all claims that members of the

participant's family or estate, heirs, representatives or assigns may have. I further agree to indemnify, hold harmless and defend HappyFeat Camp Happy, HAPPYfeat.org of Georgia, LLC, and all contributing partners, leadership members, directors, independent contractors, volunteers, partner employees and agents from and against any and all claims or other causes of actions related in any way to my participant's participation in such activities. It is my understanding that participating in the programs and recreational and other activities, including special events of any of the above organizations which are managed by HAPPYfeat.org of Georgia, LLC, is a privilege.

Prior to my participant's participation in such activities, I acknowledge that there are certain risks associated with such activities, including without limitation, physical injury due to activity-related accidents, physical injury due to accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I agree that neither HappyFeat Camp Happy, HAPPYfeat.org of Georgia, LLC, and all contributing partners, leadership members, directors, independent contractors, volunteers, partner employees and agents, will be held liable for any injury to my participant, or loss or damage to my participant's personal property.

**Signature of parent/guardian or Adult Applicant** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDIA CONSENT:** I hereby grant permission to use, reproduce, and/or distribute photographs, of my child, authorization to use said photography and video for media purposes as needed in advertising, website, and social media sites. In addition, such photographs and audio/visual recordings may be used in HappyFeat Camp Happy, Happy Feat LLC and all contributing partners, leadership members, directors, independent contractors, volunteers, partner employees and agents, publications or advertising materials to let others know about its programs (EX: Face book, Instagram and Happy Feat website) I agree to allow HappyFeat Camp Happy, Happy Feat LLC , leadership members, volunteers, and partner employees to take photos or videos (digital or otherwise) of my participant and to reproduce the likeness of my participant in promotional materials, including brochures and audio-visual productions.

**Signature of parent/guardian or Adult Applicant** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**AUTHORIZATION AND WAIVER TO TRANSPORT CHILD:** I authorize HAPPYfeat.org of Georgia, LLC, to transport my minor child in a company Bus or Van, or car, driven by an individual authorized by HappyFeat Camp Happy and HAPPYfeat.org of Georgia, LLC.. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program.

I have read, understand, and discussed with my child:

1. (1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
2. (2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
3. (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
4. (4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

**Initial Each Statement**

\_\_\_\_\_ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

\_\_\_\_\_ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge HappyFeat Camp Happy and HAPPYfeat.org of Georgia, LLC, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

\_\_\_\_\_ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

**Parent/Guardian/Adult Applicant Name:** \_\_\_\_\_

**Parent/Guardian/Adult Applicant Signature:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_

***Authorization Is Valid: June 2018-August 2018***