

**SUMMER CAMP
RELEASE OF LIABILITY AND WAIVER OF RIGHTS**

PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL SIGNIFICANCE.

I hereby represent that I am the parent and/or legal guardian of _____ ("Child") and that I am at least 18 years of age. My Child's is ___ years old. In consideration of my receiving permission to have my Child participate in the Summer Camp Program ("the Program"), I hereby agree as follows:

1. I expressly assume all risks associated with my Child's participation in the Program. My Child may participate in any and all activities (e.g. water activities, equestrian activities, art and crafts, exercise, playing and eating, etc.) that may be made available to him/her, without limitation, unless otherwise specified below. I acknowledge that the risks associated with my Child's participation in the Program may, at times, be hazardous.

2. I accept total responsibility for any and all medical expenses (including transportation to and from any medical facility) that my Child incurs arising out of his or her participation in the Program. I hereby release, waive, and discharge Islands Management Company, LLC, LLI Management Company, LLC and their respective sponsors, contractors, employees, agents, representatives, officers, directors, subsidiaries and affiliates ("Released Parties") from any claim I might have for such medical expenses.

My Child's health insurance carrier is _____ (**Please provide policy and/or group number**). I also authorize Released Parties to seek immediate medical attention for my Child if it deems appropriate, in its sole discretion.

3. On behalf of the Child, I hereby release, waive, and discharge Released Parties from any claim the Child might have for personal injuries, including death, or property damage arising from the Child's participation in the program.

4. I agree to defend, indemnify, and hold harmless Released Parties for any claim or suit brought by or on behalf of the Child for personal injury, including death, or property damage arising out of the Child's participation in the Program, including without limitation any claim or suit asserted by another parent or legal guardian of the Child and including without limitation any such claim or suit caused in part by the acts or omissions of any Released Party.

5. I agree to defend, indemnify, and hold harmless Released Parties for any claim or suit brought by any third party (including without limitation another child or any parent or legal guardian of another child) for any personal injury, including death, or property damage sustained by a third party arising from my acts or omissions or the acts or omissions of the Child in connection with participation in the Program, including without limitation any such claim or suit caused in part by the acts or omissions of any Released Party.

6. Unless otherwise specified below, I represent to Released Parties the following: (i) my Child is in good health and is able to participate in any and all activities that the program offers to children of his/her age group, (ii) my Child has no special needs and does not require any special care or attention, (iii) my Child has no physical and/or mental condition (e.g. allergies, asthma, hypertension) that warrant special attention, care or instruction, such as restricting his/her activities or food in-take, and (iv) my Child is not currently taking any prescription or over-the-counter medications, except as follows:

_____. Released Parties reserve the right, in their sole discretion, to disqualify or remove any Child from participating in the Program who requires special care or exhibits inappropriate or abnormal behavior.

7. I irrevocably grant Released Parties permission to use and/or own the copyright to any photograph, videotape or other likeness of my Child, which is taken while my Child is participating in the Program. Any such materials, including the publishing of my Child's name, may be used by Released Parties in any medium and for any purpose whatsoever.

8. If any clause or provision of this Release of Liability and Waiver of Rights agreement shall be held to be invalid in whole or in part, then the remaining provisions, or portions thereof, shall nevertheless be and remain in full force and effect.

9. This Release of Liability and Waiver of Rights shall bind my estate, heirs, administrators and assigns.

I HAVE CAREFULLY READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND ACCEPT ITS TERMS. I HEREBY SIGN THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

X _____ Date: _____
Signature of Parent or Guardian

Print Name of Parent or Guardian: _____

Phone No: _____

Alternate Adult Emergency Contact: _____ Phone
No.: _____