

## Waivers & Releases

### Release of Information to Camp Hardgrove

The health history described in the Camp Hardgrove Camper Information and Camper Medical Form is correct to the best of my knowledge, and camper has no restrictions on camp activities other than those listed in application. I give permission to the physician selected by the camp director to order x-rays, routine tests & treatment and, in the event of any perceived emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my camper named above.

X \_\_\_\_\_  
Signature (Parent/Guardian if applicable) Date

### Release of Information to Camper's Physician

I hereby authorize the camp medical director to disclose any and all records pertaining to camper to his/her physician. I, on behalf of camper hereby release the health director, Camp Hardgrove, and Brain Injury Association of Georgia from all legal responsibility and liability, which may arise from the release of these records to the physician(s) entered previously in this application.

X \_\_\_\_\_  
Signature (Parent/Guardian if applicable) Date

### Brain Injury Association – General Release of Liability

In partial consideration for my camper's participation in all Camp Hardgrove activities and attendance at the Camp, I hereby fully release, acquit, and discharge Camp Hardgrove, Brain Injury Association of Georgia and their agents, representatives, servants, directors, officers, employees and their assigns from any and all claims, causes of actions, or demands of whatsoever kind and nature, known and unknown, including but not limited to injuries to property or person which may be incurred by my camper arising out of his/her participation in this summer camp program sponsored by the released parties. I, the undersigned, further agree and covenant not to sue or prosecute any claims for injuries to property or person which may be incurred by my camper in connection with his/her participation in this summer camp program sponsored by the released parties.

I recognize that unpredictable behavior is a common side effect of brain injury. I hereby assume any risk of injury or damage resulting from such an episode by any camper at Camp Hardgrove and release Camp Hardgrove, Brain Injury Association of Georgia and their agents, representatives, servants, directors, officers, employees and their assigns of these entities from any claims resulting from unpredictable behavior by a camper.

Camp Hardgrove reserves the right to expel or release any camper from camp due to inappropriate camp conduct. Determination of inappropriate conduct shall be solely within the discretion of Camp Hardgrove staff.

