

Camper Name (Please Print): _____



Summer Camp Assumption of Risk and Release Form

____ I am over the age of 18 and am competent to execute this Assumption of Risk and Release.

____ I am the parent or guardian of _____ (Print Name) who is under the age of 18. I execute this Assumption of Risk and Release on behalf of myself and my child.

Authorization To Participate. I, or my child, seek to participate in activities interacting with and working around animals at Sammamish Animal Sanctuary located at 16515 SE May Valley Road, Renton, Washington 98059. This includes Sammamish Animal Sanctuary’s summer camps. I understand and agree that my or my child’s participation in these activities is authorized and allowed by signing this Assumption of Risk and Release, and I hereby grant such permission.

Inherent Risks. I understand that the activities at Sammamish Animal Sanctuary, including interacting with and working around animals, are inherently dangerous because farm animals, especially horses, can be unpredictable and can react to sounds, sudden movements, and unfamiliar people or objects.

Assumption of Risks. I accept and assume any and all risks, including but not limited to personal injury, illness, death and property damage, as a result of or associated in any way with my or my child’s participation in any and all activities at or associated in any way with Sammamish Animal Sanctuary or any of its animals.

Release. By assuming all risks and signing this form, I hereby release from liability and agree to hold harmless Sammamish Animal Sanctuary and any and all of its owners, governors, officers, directors, principals, managers, staff, administrators, employees, summer camp team, volunteers, members, representatives, agents, contractors, affiliates, successors, heirs, and assigns, and any and all individuals and entities that own, operate or maintain the property for the Sammamish Animal Sanctuary, from any and all claims, causes of action, injuries, illness, death, losses, expenses and damages of any kind or nature arising out of or resulting in any way from my or my child’s participation in activities at or associated in any way with Sammamish Animal Sanctuary. I further agree and covenant not to sue any of the above released individuals, organizations and entities covered by this Release.

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT THIS IS A RELEASE OF LIABILITY. I HAVE VOLUNTARILY SIGNED OF MY OWN FREE WILL.

X _____ Signature _____ Date

X _____ Print Name

Camper Name (Please Print): _____



Authorization and Consent for Publishing Photographs

I hereby grant permission to and fully authorize Sammamish Animal Sanctuary to publish photographs, videos, likenesses and recordings of me or my child taken at Sammamish Animal Sanctuary on Sammamish Animal Sanctuary's website and social media.

X _____ **Date:** _____
Signature of Participant/Parent/Guardian

Authorization and Consent for Medical Treatment

I hereby grant permission to and fully authorize Sammamish Animal Sanctuary to seek emergency medical treatment or other medical attention for me or my child _____ (**Print Name** of Participant/Camper/Minor).

I hereby grant permission to and fully authorize Sammamish Animal Sanctuary and its personnel and summer camp team to administer first aid and transport me or my child to a medical facility if necessary.

In the event such treatment is deemed necessary and I am unable to be contacted, I further grant permission for and consent to medical or surgical treatment by any licensed physician and/or hospital or health care facility and further grant permission for and consent to whatever operation or procedure may be deemed necessary or advisable during my or my child's stay in the hospital or health care facility.

X _____ **Date:** _____
Signature of Participant/Parent/Guardian

Parent/Guardian 1's **Phone Number:** _____

Parent/Guardian 2's **Phone Number:** _____