



**Lycée Français de San Francisco (LFSF) April Camps Program
2021 Camp Accident LFSF Liability Discharge Form**

I hereby give my permission for my child _____ to participate in the Lycée Français de San Francisco (LFSF) April Camps Program.

I understand that camp activities could include play and outdoor activities around and near the LFSF campuses, hikes and walks in the woods wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks. I understand that my child may travel by school bus and/or metro to local sites and be walking along streets and in public and private museums and historical sites.

I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for camp activities, and to provide insect repellent, sunscreen, and other Personal Protective Equipment (PPE), such as masks for my child to use at camp. I will not expect the LFSF to provide these items. I give my permission for LFSF camp leaders to apply or assist with the application of the repellent, sunscreen and PPE I provide.

In the event of illness, injury, and/or accident, I authorize the Camp Director or any LFSF employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf.

In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses not covered by LFSF's student accident policy incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that LFSF may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. I understand that the camp is scheduled for one week (7 days) and that there is no option for partial participation. In either event, I understand that I will not receive a refund of camp fees for unattended days. If my child is directed to self-isolate, I understand that no refund will be issued. **There are no refunds after enrollment. Your Child MUST attend the first Day of Camp to Qualify.**

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that the LFSF is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of LFSF camp counselors, volunteers, employees, trustees, directors, officers, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

COVID-19 Statement

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Lycée Français de San Francisco has put in place preventative measures to reduce the spread of COVID-19; however, LFSF **cannot guarantee** that you, or your child(ren) will not become infected with COVID-19. Further, **attending LFSF Winter Camps could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this Accident Waiver and Release of Liability Form, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending LFSF April Camps and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while participating in LFSF-AES Camp activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LFSF employees, volunteers, program participants and their families.

This Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Lycée Français de San Francisco, its Trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

In consideration of my application and permitting my child to participate in the Lycée Français de San Francisco (LFSF) April Camp Program, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the LFSF, its trustees, officers, employees, camp employees, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Lycée Français de San Francisco, its Trustees, officers, employees, camp employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in camp activities, whether caused by the negligence of release or otherwise.

☐ I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

This form must be completed for EACH participant planning to participate in any or all LFSF April Camps Programs activities through the Lycée Français de San Francisco.

Participant's Name: (Please print legibly)

Participant's Current Age

Participant's Camp Location

Sausalito

Parent/Guardian Printed Name (Please print legibly) **Relationship**

Parent/Guardian's Signature

Date