

**Hillsboro Hops Summer Camp**  
4460 NE Century Blvd., Hillsboro, OR 97124  
Phone: (503) 640-0887

**Accident Waiver and Release of Liability Form**

I hereby give my permission for my child \_\_\_\_\_ to participate in the Hillsboro Hops Summer Camp Program.

I understand the risks of serious injury and/or illness from the activities involved in this program is always present due to the nature of the activities; and there are also risk of injury from such outside camper activities to which you may consent, and for myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation.

I understand and acknowledge that despite the COVID-19 safety rules and precautions that the Hillsboro Hops are implementing, Hillsboro Hops cannot eliminate the risk that my child is exposed to COVID-19 at Hillsboro Hops' summer camps. I also understand and acknowledge that given the nature of the activities at Hillsboro Hops' summer camps and the age of the campers, these COVID-19 safety rules and precautions may not be fully adhered to by campers or staff members at all times. With these understandings and acknowledgements, I am voluntarily allowing my child to participate in a Hillsboro Hops summer camp.

In the event of illness, injury, and/or accident, I authorize the camp instructor or any Hillsboro Hops staff 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 be the party responsible for all medical expenses incurred in my child's behalf.

I willingly agree to comply with the program's stated and customary terms and conditions for my child's participation. If, however, I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest staff member immediately.

I affirmatively state that my child is in good health and has no restrictions or limitations that would affect my child's ability to participate in any activities offered at the camp, unless I have specifically listed any and all health concerns and restrictions on the Hillsboro Hops Summer Camp Registration Form.

In consideration of my registration and permitting my child to participate in this 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 Hillsboro Hops, its employees, camp counselors, entities or other persons released, for my child's disability, personal injury, illness, property damage, property theft, or actions of any kind which may hereafter occur to them;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Hillsboro Hops, its employees, or other entities or persons release from any and all liabilities or claims made as a result of participation in this program, whether caused by the negligence of release or otherwise.

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

The Accident Waiver and Release of Liability Form shall by constructed broadly to provide a release and waiver to the maximum extent permissible under the applicable law. The Hillsboro Hops 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 or illness to my child that may occur.

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

\_\_\_\_\_  
Participant's Printed Name (Please print legibly)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parent/Guardian Printed Name (Please print legibly)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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**Please Initial Each of the Following:**

\_\_\_\_\_ My child has the following physical impairments that may limit him/her from participating in some activities:

\_\_\_\_\_

\_\_\_\_\_ My child has the following allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ While attending the Hillsboro Hops Summer Camp, my child MUST be given the following medications:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Emergency Contact/Pickup List**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_