



SuperKids Training and Mentoring Program Parent/Guardian’s Agreement to Terms

I am the parent/guardian of _____ . I acknowledge the following:

1. I agree that my child/teen will abide by the **STAMP** rules (see STAMP Rules), and I realize that a breach of conduct may result in immediate removal from participation in STAMP activities. It is possible for a participant to be expelled from STAMP. In the event of expulsion, the parent or guardian will be notified and will bear all expenses incidental to the expulsion of the child/teen, including the cost of transportation back home. The manner, means and scheduling of such transportation will be determined exclusively by STAMP.
2. I agree to the STAMP payment schedule as listed on the registration form.
3. I acknowledge that STAMP reserves the right to use photographs and/or videotapes of STAMP activities for publicity. I hereby give my consent to STAMP, its officers, employees, agents, chapters, assignees, licensees and cooperating entities, to use my child/teen’s picture, name, portrait, likeness, writings or limited biographical information, and/or audio tape for editorial, educational, promotional and advertising purposes, for the solicitation of contributions and for any other purposes in furtherance of the corporate purposes and objectives of STAMP. This release and consent shall be binding upon my child/teen’s heirs, executors, administrator, assigns, and all legal guardians of my child/teen.

To give Permission to have your child/teen shown, please check one or both of the below:

I formally give Permission to have my child/teen photographed _____ or videotaped _____

4. I give permission for STAMP and its staff to obtain medical treatment of my child/teen in the event of injury and/or sickness during his or her presence at the STAMP program.
5. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such injury and / or sickness.
6. I understand that I am responsible for carrying health insurance that provides adequate coverage for injuries or illness my child/teen may sustain while participating in STAMP. A copy of this insurance card will be provided before the STAMP session.
7. I will submit a Medical History and Consent Form signed by me and by a physician/health care provider. I will send or otherwise deliver the Medical History and Consent Form to STAMP so that it is received by the STAMP office no later than 3 weeks prior to the session. I understand that the Medical History and Consent Form must be in the STAMP offices before my child/teen participates in any camp activities and that a missing or incomplete Medical History and Consent Form after my child /teen’s arrival date will cause him/her to sit out on activities.

In accordance with the laws of privacy (HIPAA) concerning health information, you are asked to sign below giving permission for all persons involved in the care of your child/teen to be allowed access to all health information concerning the participant named above. Let it be known that all staff both paid and volunteer

are considered persons designated as “need to know”, and therefore have privilege to all health information on the participant as a part of their job, allowing them to provide safe and adequate care of the participant. Your signature below is indication that you agree with this sharing of private health information.

8. I acknowledge that STAMP reserves the right to limit enrollment in, and/or cancel, any activity if enrollment for such activity is either oversubscribed or undersubscribed.
9. I acknowledge that inclement weather may necessitate changes to the typical daily schedule.
10. I understand and certify that my child/teen’s participation in STAMP and its activities is completely voluntary. I have familiarized myself with STAMP activities in which my child/teen will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but are not limited to, the activities of athletics such as, running, walking, physical exercises, martial arts and other related physical exertions. I acknowledge that although STAMP has taken safety measures to minimize the risk of injury to participants, STAMP cannot ensure or guarantee that the participants, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child/teen in the importance of knowing and abiding by the rules, regulations, and procedures for STAMP. I also agree to inform STAMP of any activities in which my child/teen may not participate.

I am also aware that, in addition to these activities specifically listed, my child will be engaged in a range of other activities by virtue of his or her presence at the participation in STAMP, within or outside of the city of Magnolia, TX including travelling in public or private vehicles.

As for activities in general, I, the undersigned, understand that occasionally accidents occur during activities and that participants may sustain personal injury and property damages as a consequence thereof. Knowing the risks of activities, nonetheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children/teens, my heirs, executors, and administrators. I hereby release and forever discharge STAMP and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child/teen during or related to my/my child/teen’s attendance at STAMP.

11. I have read the STAMP brochure and/or website and give permission for my child/teen to participate in the STAMP program.

Arrival: Check in with STAMP program staff upon arrival and pick up daily during the program. Please arrive by 8.30 am so we start on time. Please arrive for pick up by 6:45pm.

12. I represent and warrant that I have the authority to sign their Agreement, and I execute this on behalf of my child/teen and on behalf of all other parents or guardians of the Agreement.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian