Wintrust’s Female Strong Camp Participation Waiver

This form must be filled out prior to Wintrust’s Female Strong Camp on 7/17. Please submit this form by Monday, 7/15, and direct any questions to Sarah Sleevi at Sarah@femalestrong.org.

**Personal Information**

Student Name First: Last:

Birth date: Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name First: Last:

Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone:

***Emergency Contact (only if different from Parent/Guardian)***

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

Home Phone: Cell Phone:

**Medical Information**

Please list any conditions or allergies we should be made aware of:

**Permission**

Photo release: Photos and videos will be taken throughout camp for Female Strong’s website, social media, and promotional material.

□ I agree to allow my child to participate in photos that will be used by Female Strong

□ I do NOT want my child to participate in photos that will be used by Female Strong

**THIS MUST BE COMPLETED EVEN IF YOUR CHILD HAS NO FOOD ALLERGIES**

Ajinomoto’s Female Strong Camp will provide snacks and lunch for participating girls. To ensure that we provide a safe snack selection, please complete this meal form. If your child has one or more food allergies, please indicate these specific allergies where indicated below. In the event that a participant with a food allergy participates in the program, it is your child’s responsibility to refrain from eating anything with unknown ingredients or ingredients known to contain any allergen and to notify an adult immediately if they eat something they believe may contain the food to which they are allergic, or if they feel as though they are having allergy-related symptoms. Female Strong cannot guarantee that all the ingredients it uses in its recipes will not contain such allergens.

The undersigned therefore acknowledges that he or she understands the responsibilities outlined above, and further agrees to release Female from all liability, and shall indemnify and hold Female Strong harmless, for any injuries, accidents, or other harm that may result from my child’s food allergy while participating in the Female Strong Camp program. The undersigned further agrees that Female Strong will not be liable to them or any third party for any direct, indirect, punitive, incidental, special or consequential damages or any other damages whatsoever that may result related to your child’s food allergy from their participation in a Female Strong program. This Release applies regardless of the legal theory of liability.

**Does your daughter have a known food allergy that we need to be aware of?**

□ Yes, my child is allergic to the following foods listed below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No, my child does not have any food allergies

**Does your daughter have any dietary restrictions that we need to be aware of?**

□ Yes, my child has dietary restrictions listed below (ex. vegetarian, Halal meat only):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No, my child does not have any dietary restrictions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Name (Please Print) Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Signature Date